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THE CAROLINA JOURNAL of PHARMACY

NUMBER 1

VOLUME 57

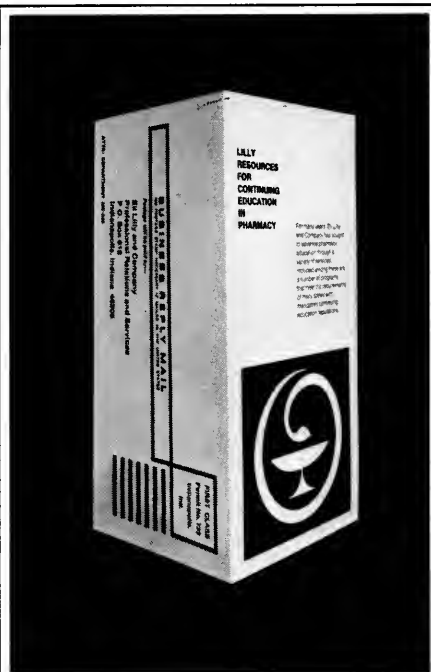
JANUARY 1977



Typical of the hundreds of women pharmacists in the state are Mrs. Barbara Brewer Hankins (UNC/CH 1973) of Charlotte and her mother, Mrs. William E. Brewer (UNC/CH 1943) of Pink Hill.

There are more than 500 women pharmacists in North Carolina, a majority in either part-time or full-time practice. Increasingly, women are entering Pharmacy where their professional expertise is in demand and the service satisfaction and economic rewards equal to or superior to other professions.

The present enrollment of the UNC/CH School of Pharmacy—more than 50% women—is a positive sign that so far as Pharmacy is concerned, equal rights has arrived in North Carolina.



JUSTICE DRUG COMPANY
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80TH YEAR OF SERVICE
TO THE
RETAIL DRUGGISTS OF
NORTH CAROLINA
February 15, 1977

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1977

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Research Triangle Park
North Carolina 27709

THE CAROLINA JOURNAL of PHARMACY

JANUARY 1977

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, Box 151, Chapel Hill, N. C. Subscription rate: \$3.00 a year; single copy, 25 cents. Second class postage paid at Chapel Hill, North Carolina 27514.

MILLER NAMED TO PAID COMMITTEE

Donald J. Miller, Morganton pharmacist, has been named a member of Paid Prescription's Provider Relations Committee.

The committee was formed to provide direct pharmacist to pharmacist communication between PAID participating members and a member of PAID's board.

A past president of the NCPHA, Mr. Miller worked for Eli Lilly & Company prior to operating two pharmacies in Morganton.

Mr. Miller can be contacted at: Professional Placement & Brokerage Service, 509 Walton Road, Morganton, N. C. 28655.

ABRAMS RESIGNS

Robert E. Abrams has resigned as Vice President of Bergen Brunswick Corporation and as President of Bergen Brunswick's Health Application Systems subsidiary.

The North Carolina Pharmacy Medicaid Program, as administered by Paid Prescriptions, was initiated by Mr. Abrams and later, he was involved in the North Carolina HAS program which is currently operational in the state.

Abrams is a past executive director of the American College of Apothecaries and at one time was associated with Roche Laboratories.

ENROLL IN PHARMACY TECHNICIANS COURSE

Fourteen registrants are enrolled in the current session of the Pink Hill School of Pharmacy Technology.

The pharmacy technician course opened in early October with a math review and concludes in March with prescriptions procedures and in April with health accessories.

The pharmacy technicians course is supervised by Pharmacist Robert L. Hood of Pink Hill.

MEDICAID BIDS

Three private companies have entered bids for the non-pharmacy part of the Medicaid Program (physicians, dentists, hospitals, nursing homes, etc.):

- Health Applications Systems (HAS) which is now the administrative agency on a month by month basis.

- Electronic Data Systems-Federal which has the Rx part of the Medicaid program.

- The Computer Company of Richmond (is administrative agency for the Virginia Medicaid Program).

Various state agencies will review the bids prior to referring the bids to the Advisory Budget Commission.

The EDS-F pharmacy contract runs thru June, 1977; will be open for bids after January 1977.

CONTRACT AWARDED TO EDS-F

A \$1.7 million, six-months contract to handle paperwork on North Carolina's Medicaid claims has been awarded to EDS-F.

While the contract will tide the state over until June, 1977, Governor James E. Houser, Jr. warned that the next General Assembly needs to decide quickly whether the state should handle Medicaid processing itself or continue hiring outside contractors.

PHARMACIST-IN-AHEC AREA HEALTH EDUCATION CENTER University of North Carolina at Chapel Hill

The School of Pharmacy, University of North Carolina, is interested in recruiting qualified personnel to fill the positions of Pharmacists-In-AHEC (Practitioner/Educator), in the Area Health Education Centers (AHEC).

The applicant should be a graduate of an accredited School of Pharmacy and a clinical pharmacy program including a formal residency program. Other desirable qualifications include a good working knowledge of the complexities of hospital organization with its departmental interactions. A teaching ability and desire for academic involvement is important since the incumbents are eligible for faculty appointment with the University of North Carolina School of Pharmacy.

Apply by sending curriculum vitae, transcripts, and names of three references to:

Mr. Claude U. Paoloni, Associate Professor
Director of Area Health Education Centers
School of Pharmacy
University of North Carolina at Chapel Hill
Chapel Hill, N. C. 27514
Telephone: (919) 966-1128

**11TH ANNUAL PHARMACY SEMINAR ON
SOCIO-ECONOMIC ASPECTS OF PHARMACY PRACTICE****February 16, 1977**

Institute of Pharmacy, 109 Church Street, Chapel Hill, North Carolina 27514

Sponsored by
School of Pharmacy, University of North Carolina at Chapel Hill
and
North Carolina Pharmaceutical Association

- 9:00 a.m. Welcome
- 9:15-10:00 a.m. Patient Opinions of the Pharmacy, Pharmacist, and
Pharmaceutical Services
—Jack Newcomb, Manager of Pharmacy Affairs
Upjohn Company, Kalamazoo, Michigan
- 10:00-10:45 a.m. Impact of New Tax Laws on Business and Personal Financial
Planning
—David E. Hoffman, Ph.D., Assistant Professor of
Accounting, UNC School of Business
- 10:45-11:00 a.m. Break
- 11:00-12:00 noon What's Happening with MAC/EAC and Third Party Pharmacy
Reimbursement in North Carolina
—C. Benny Ridout, R.Ph., Pharmacy Consultant
N.C. Division Social Services, Raleigh
- 12:00-1:30 p.m. Lunch: Zoom Zeppelin (Formerly Zoom-Zoom)
- 1:30-3:00 p.m. Panel: This Works For Me
Patient Counseling
—R. L. Hood, R.Ph., Pink Hill
—F. Randolph Jones, R.Ph., Elizabethtown
Patient Medication Records
—A. Rowland Strickland, Jr., R.Ph., Stantonsburg
—W. D. Medlin, R.Ph., Elizabeth City
Reactors
—Fred M. Eckel, Associate Professor of Hospital Pharmacy
—Leonard Berlow, Assistant Professor of Pharmacy
Administration, UNC School of Pharmacy
- 3:00-3:15 p.m. Break
- 3:15- 4:00 p.m. Anatomy of the Board of Pharmacy: How It Affects Practice
—David R. Work, J.D., Secretary-Treasurer
North Carolina Board of Pharmacy
- 4:00-4:30 p.m. Questions and Answers
- 4:30 p.m. Adjournment

Objectives of the Program

The objectives of these annual seminars is to bring information of current interest to pharmacists of North Carolina. Speakers are selected for their involvement and expertise in areas of pharmacy practice which they can convey with authority.

This year's diverse program will be of value to pharmacists regardless of their particular speciality of practice.

Continuing Education Credit

A maximum of 5½ hours of continuing education credit is authorized for a total of .550 CEU's for those pharmacists requiring relicensure credits.

Meeting of the Committee on Public Health and Welfare, North Carolina Pharmaceutical Association, Institute of Pharmacy, Chapel Hill, NC, Sunday, December 5, 1976

MEMBERS PRESENT: Kenneth Edwards, Stantonsburg, Chairman; James L. Creech, Smithfield; Jean Paul Gagnon, Chapel Hill; Wade A. Gilliam, Winston-Salem; Julius Howard, Wilmington; Henry A. Leigh, Cullowhee; Virginia Lockamy, Raleigh; Al Mebane, Greensboro; and Roger Spittle, Weaverville. B. Cade Brooks, Fayetteville, Consultant.

PRESENT REPRESENTING THE NCPHA EXECUTIVE COMMITTEE: Tom R. Burgiss, Sparta, President; Eugene W. Hackney, Lumberton; Rex A. Paramore, Nashville; Donald V. Peterson, Durham; Marshall Sasser, Smithfield; L. Milton Whaley, Durham; W. H. Wilson, Raleigh; W. Whitaker Moose, Mt. Pleasant; W. J. Smith, Chapel Hill, Secretary.

PRESENT REPRESENTING THE N. C. DEPARTMENT OF SOCIAL SERVICE: Benny Ridout, Raleigh, Pharmacist Consultant.

Chairman Edwards opened the meeting by stating purpose of the joint assembly was to receive information relating to implementation of MAC/EAC in North Carolina as well as to assess the present status of the Medicaid Pharmacy Program.

Mr. Ridout stated it was the responsibility of the N. C. Department of Social Services to implement MAC/EAC; that HEW, on a monthly basis, supplied the Department with EACs on top 350 drugs; that on September 1, 1976, 40 EAC drug prices had been put into the E.D.S. system in Raleigh.

It was pointed out by Mr. Ridout that the advice and assistance of the committee would be welcome but that final price determinations would be the sole responsibility of the N. C. Department of Social Services. With this criterion understood, Mr. Ridout outlined three options under consideration by the Department:

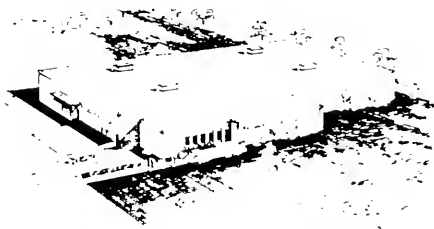
I. ADOPT THE EAC PRICE LIST AS SUPPLIED EACH MONTH BY HEW. It was pointed out that many of the 350 drug prices are out-of-date and unrealistic; time consuming and expensive to keep up-to-date; provider will have

difficulty in securing latest EAC price; take incentive out of good buying practices.

II. (A) AWP LESS A SET PERCENTAGE DEDUCTION FROM COST OF DRUG. Seven percent to ten percent was mentioned. Would be a disadvantage to provider who buys in small quantities.

(B) AWP LESS A VARIABLE PERCENTAGE DEDUCTION ON COST OF DRUGS. Mentioned was percentages below AWP: chains 10%; medium size vendors 7%; small no percent to 5%. Disadvantage: Who and on what basis is category selected?

(C) 7% TO 10% BELOW AWP ON TOP 100 MEDICAID DRUGS. Proponents of this proposal suggested that these drugs were generally purchased in quantity and frequently direct; would constitute best approach to implementing HEW regs with least dollar cost to providers.



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President

GORDON G. HAMRICK
Vice President

III. ACTUAL ACQUISITION COST. Advantage would be treatment alike for everyone. Disadvantage would be expense of auditing which would eliminate any possible drug cost saving.

RECOMMENDATION OF COMMITTEE:

None of the proposals were acceptable to more than 50% of the pharmacists present. Less than 50% of those present favored the percentage reduction on top 100 Medicaid drugs. General sentiment was to await further action with pending change in administrations, both at the state and federal levels.

E.D.S. ADMINISTRATION OF MEDICAID PHARMACY PROGRAM:

According to Mr. Bill Wilson of E.D.S.-F, the August-September-October billings totaled approximately \$6 million. Of this, \$4.2 million had been paid prior to December 1. On December 10, payment of \$1 million is scheduled and on December 22, the check write is estimated to be \$1.1 million for a total of \$6.3

million. EDS-F's goal is payment of 95% of billings within 30 days after receipt of the billings.

PHARMACY PARTICIPATION AGREEMENT:

Mr. Moose questioned the addition of new sections to the agreement; asked for clarification. Mr. Ridout said nothing had been added which was not required by HEW guidelines. It is anticipated nearly 100% of the 1400 vendors will have signed the new agreement by December 31, 1976.

Comments in regard to the MAC/EAC proposals should be sent to Mr. Benny Ridout, Pharmacist Consultant, N. C. Department of Social Services, 327 N. Salisbury Street, Raleigh, N. C. 27611; and

Comments regarding administration of the Medicaid Pharmacy Program, including payments of claims, to Mr. William H. Wilson, Director of Professional Relations, E.D.S. Federal Corporation, P. O. Box 30014, Raleigh, North Carolina 27612.



Officers from the Upjohn Company and The Upjohn Pharmacy Consultant Panel recently met to discuss Upjohn's policies and services, packaging and training. Reed B. Peterson (left), Vice President of Upjohn's Domestic Pharmaceutical Marketing, is shown with Fred M. Eckel, Associate Professor of Hospital Pharmacy, School of Pharmacy, UNC/CH.



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This agreement is not applicable if **Geigy** Pharmaceuticals determines that there is evidence of any improper or negligent statement or act, or omission to act, by the pharmacist, or his employer, or if **Geigy** Pharmaceuticals determines that there is evidence that the product has not been properly stored or properly dispensed.

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CHARLESTON, GREENVILLE, SPARTANBURG, S. C.

TAR HEEL DIGEST

CHARLOTTE

R. Claude Griffin, recently named manager of McKesson & Robbins Mid-Atlantic Zone, will have sales, administrative and operating responsibility for the company's Charlotte, Greensboro, Columbia and August, Ga. branches. Griffin has been with M&F since 1957.

HENDERSON

Randolph Blake Wright, a 1975 graduate of the UNC/CH School of Pharmacy, has joined the staff of Henderson Drug #2. Wright is a native of Beaufort.

CARRBORO

Fred Chamblee of Senter's Drug Store has been elected a director of the newly organized Carrboro Business Association.

ASHEVILLE

James R. Singletary Jr., Memorial Mission Hospital Pharmacy, has been elected an associate fellow of the American College of Apothecaries.

SHELBY

Shelby's newest pharmacy, Sime Professional Pharmacy, opened on November 22. Ron Sime, owner of the pharmacy, was formerly associated with Evans Rexall Drug of

Marion and later with Webb Drugs and Medical Arts Pharmacy of Shelby. He is a 1963 graduate of the UNC/CH School of Pharmacy.

CONCORD

Cabarrus Drug Company, in operation since 1909, has been sold to Don Beaver. The former owner, Ephraim Tucker, now 84, has retired.

WINDSOR

Ernest Carraway, Windsor Pharmacy, has been elected Chairman of the Bertie County Board of Health. In this connection, North Carolina leads the nation in number of pharmacists serving as member of a county or district board of health—more than 75.

MOUNT AIRY

John C. Mills, pharmacist for 55 years, was presented a life membership in the Surry Pharmaceutical Association at the organization's meeting in late November. Making the presentation was his son and business associate for many years, John E. Mills.

THOMASVILLE

After 45 years with Mann Drug Company, Tom Gordon retired in November but plans to help out on a part-time basis when needed.

An interested note about Mr. Gordon's career: He graduated from UNC during the early 30s (depression days). It took him from June to December to locate employment.

Meeting of the Legislative Committee, North Carolina Pharmaceutical Association, Institute of Pharmacy, Chapel Hill, North Carolina November 21, 1976, 2:00 p.m.

MEMBERS PRESENT:

C. Louis Shields, Chairman, Jacksonville
Charles M. Davis, Jr., Morganton
Gilbert C. Hartis, Jr., Winston-Salem
Samuel E. Lowman, Jr., Charlotte
Rex A. Paramore, Nashville

CONSULTANT:

David R. Work, Chapel Hill

REPRESENTING THE STUDENT BRANCH, NCPHA:

Jane Hall, Chapel Hill

SECRETARY:

W. J. Smith, Chapel Hill

RECOMMENDATIONS:

(1) Urges introduction and sponsorship of an appropriate bill in the 1977 session of the North Carolina General Assembly "Whoever commits the crime of burglary of a pharmacy with the intent to commit the theft of any drug which is defined as a controlled substance shall be imprisoned at hard labor for not less than one or more than nine years without benefit of parole, probation or suspension of sentence."

(2) Legislation sponsored by the North Carolina State optometric Society authorizing Optometrists to prescribe, apply or use drugs. Not endorsed by the committee.

(3) Legislation authorizing registered nurses and family nurse practitioners to dispense drugs in county/district health departments. Not endorsed by committee. Committee recommends that where drug volume justifies, a pharmacist be employed or system be established similar to Mental Health Drug Program whereby authorized prescriptions are dispensed by participating pharmacies.

(4) Current prescribing practices of Physician Assistants and Nurse practitioners. To discuss pharmacy concerns with Executive Director of the N. C. Medical Society.

Two pharmacists will be members of the 1977 session of the N. C. General Assembly: Senator John T. Henley of Hope Mills and Representative Barney Paul Woodard of Princeton. It is anticipated both pharmacists will receive major committee appointments.

DEDICATION OF THE R. HOMER ANDREWS ELEMENTARY SCHOOL WAS HELD IN BURLINGTON ON OCTOBER 3 IN THE PRESENCE OF MORE THAN 300 SCHOOL OFFICIALS, FAMILY AND FRIENDS. APPEARING IN THE DEDICATION PROGRAM WERE THESE CAREER HIGHLIGHTS, WHICH THE BURLINGTON CITY BOARD OF EDUCATION APPROPRIATELY RECOGNIZED AS A TRIBUTE TO PHARMACIST ANDREWS. THOSE WHO NOW ENTER THE SCHOOL THROUGH THE MAIN ENTRANCE VIEW A PORTRAIT OF MR. ANDREWS AND A BRONZE PLAQUE WHICH ALSO INCLUDES ANOTHER PHARMACY—JACK G. WATTS, CHAIRMAN OF THE BURLINGTON CITY BOARD OF EDUCATION.

The Charlotte's Woman's Pharmaceutical Auxiliary held its annual Bazaar at the Y.W.C.A. on December 14th. Mrs. Don Weathers, president, presided. Items such as handwork, crafts, baked goods and plants were auctioned by Mrs. Charles Jarrett, Mrs. Don Smith, and Mrs. Douglas Corwin. Proceeds of the Bazaar go to support a scholarship fund at the UNC School of Pharmacy in Chapel Hill.



R. Homer Andrews firmly believes in the philosophy that our future depends upon our children. And throughout his life he has worked to make that future brighter by providing the best possible opportunities for the youth of this community. His support of public education has been unfailing. He worked actively in the campaign for a tax supplement for the Burlington schools in the 1930's, and more recently, as chairman of the county commissioners, he initiated the capital projects fund to build new schools. Homer Andrews has never passed up an opportunity to speak out in favor of public schools. He has been quite active in Christian education at First Baptist Church of Burlington and has helped a number of local youth to continue into higher education.

A native of Chapel Hill, he is the son of the late Samuel W. and Robena Ann Andrews. He married the former Nina Ingle in 1917, and for the past 59 years she has provided support and encouragement for his active life. Community service and youth work have also been focal points in the life of Mrs. Andrews. In recognition of this, she was honored by the North Carolina Congress of Parents and Teachers at the 1975 annual meeting in Burlington.

Mr. Andrews was trained in pharmacy at the University of North Carolina, earning his Doctor of Pharmacy degree there in 1915, while working as assistant to the dean. Later that year he came to Burlington to work as a druggist, and in time, he owned and managed two downtown drugstores. In 1935, he was named postmaster of Burlington, a job he held for twenty-nine years before retiring in 1964. He sold his last drugstore in the late 1950's, but continues to "help out" in local drugstores, usually for forty hours or more a week.

Along with his dual career, Homer Andrews found time to take part in local governmental affairs. He served on the Burlington Board of Aldermen for six years and on the Alamance County Board of Commissioners for almost seven years. He was chairman of the Board of Commissioners for six years and served as interim county manager for six months.

Mr. Andrews has served as a deacon for fifty-six years at the First Baptist Church of Burlington and has been honored for this long service by being named a life deacon. He served as Sunday school superintendent for thirteen years, taught Sunday school in the youth program and now works with the junior church program for elementary children. He has been a trustee of the church and has served as chairman of the finance committee and other committees within the church organization. He and his wife started the Dickie Andrews Memorial Library at First Baptist.

He was the first scoutmaster at First Baptist Church, and is also a past president of the Cherokee Council of Boy Scouts of America. In recognition of his contributions, the Cherokee Council presented him with the Silver Beaver award.

Mr. Andrews has played an active role in practically all major civic endeavors in Burlington and Alamance County at one time or another during his life. He was a charter member of the Burlington Kiwanis Club in 1920 and remains active today. He has been active in the Merchants Association and the Chamber of Commerce and has held leadership positions with the YMCA, United Fund, Red Cross, Easter Seal, Lung Association and North Carolina Symphony. He has also been a director of Community Federal Savings and Loan Association for thirty-eight years and is a charter member and past president of the North Carolina Postmasters Association.

And his accomplishments have not gone unnoticed by the community at large. He was named Alamance County's Man of the Year by the Kiwanis Club in 1955 and more recently, in 1972, was honored with a special tribute from the Burlington-Alamance County Chamber of Commerce. Later in 1972, he was named Alamance County Senior Citizen of the Year.

But Homer Andrews has also known tragedy with the death of a son at age thirteen and more recently the death of a daughter. Following his daughter's death, he and Mrs. Andrews provided a home and educational opportunities for their four grandchildren. Mr. Andrews is one of the truly great men of this community, never dwelling on personal tragedy but using his own experiences to further intensify his efforts and dreams for this community and its young people.





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NEW PHARMACIES

1. Knightdale Pharmacy, Inc., Highway 64 East, Knightdale. Aubrey E. Hollowell, pharmacist manager.
2. Carroll Pharmacy 832 South Third Street, Smithfield. Ervin M. Carroll, Jr., pharmacist manager.
3. Harrisburg Drug Center, #4 Morehead Road, Harrisburg. Rebecca B. Kennerly, pharmacist manager.
4. Drugs, Inc., Smith Level Road at 15-501, Chapel Hill. Leonard W. Matthews, III, pharmacist manager.
5. Bobbitt's Northwood Pharmacy, 200 East Northwood Street, Greensboro. Ernest J. Ravi, pharmacist manager.
6. Carolina Village Apothecary, 600 Lakewood Road, Hendersonville. William R. Stokes, pharmacist manager.
7. Caldwell Discount Drug, 125 North Main Street, Hudson. Gary M. Hartley, pharmacist manager.
8. Mann's Drug Store of Lenoir, Inc. #2, Fairview Drive, Westgate Shopping Center, Lenoir. David A. Ayers, pharmacist manager.

CHANGE IN OWNERSHIP

1. Providence Pharmacy, 705 Sharon Amity Road, Charlotte. Charles L. Jarrett, pharmacist manager.
2. Robinson Prescription Shop, 915 Arendell Street, Morehead City. Larry B. Good, pharmacist manager.
3. Savco Drugs, South Main Street, Walnut Cove. Marcus F. Cameron, pharmacist manager.

CARROLL TO OPEN PHARMACY

Carroll Pharmacy is expected to be open in Smithfield after the first of the year.

The pharmacy is being established by Kay Carroll, a 1972 graduate of the UNC School of Pharmacy. For the past five years Mr. Carroll has been associated with Creech's Pharmacy.

He is an active member of the Smithfield Jaycees and has served the chapter as president, state director and treasurer. He has also worked with the United Fund and Heart Association. He is a deacon of the First Baptist Church of Smithfield.

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VIVIAN SMITH



W. J. SMITH

Portraits by Zeno Spence, Goldsboro

Mr. and Mrs. W. J. Smith of Chapel Hill were honored November 14th at a dinner at Carolina Inn, Chapel Hill, celebrating their 36 years of service to Pharmacy.

Mr. Smith is executive director of the N. C. Pharmaceutical Association and Mrs. Smith coordinator for the NCPHA Woman's Auxiliary. The two groups sponsored the dinner meeting which had more than 200 in attendance.

Sharing the program presiding duties were Mrs. L. Milton Whaley, Durham, President of the NCPHA Woman's Auxiliary, and Thomas R. Burgiss, Sparta, President of the N. C. Pharmaceutical Association.

The invocation was brought by Eugene W. Hackney, Lumberton, president-elect of the Association. Speakers included Mrs. Morris E. Hedgepeth, Henderson, immediate past president of the NCPHA Woman's Auxiliary, and

L. Milton Whaley, Durham, past president of the NCPHA.

Individual portraits of the Smiths, painted by Zeno of Goldsboro, were unveiled by the Smiths' granddaughters, Vicky and Wendy Smith of Tucker, Georgia. Following the acceptance of the paintings by B. Cade Brooks, Fayetteville, Chairman of the Institute of Pharmacy where the portraits will hang, the couple's son, Dr. William Allen Smith, responded.

An open house at the Institute of Pharmacy, hosted by the NCPHA Executive Committee, their wives and the Institute staff, preceded the dinner.

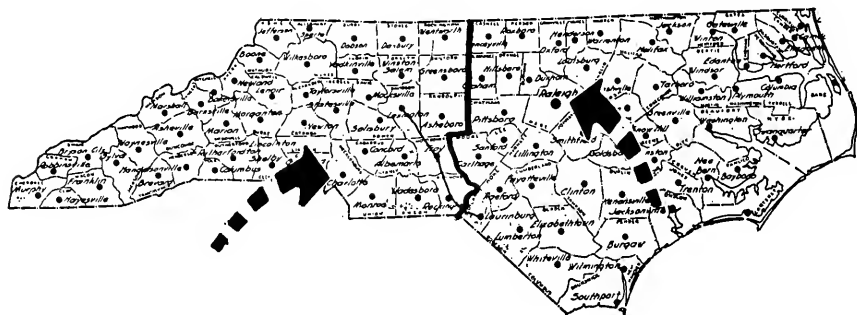
Contributions received are being allocated to a W. J. and Vivian S. Smith Scholarship Fund at UNC/CH, and to a WJS Convention Speaker Fund (an invested fund with earned interest to provide a speaker at annual NCPHA conventions).

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OFFICERS

Effective January 1977 officers of the Rockingham County Society of Pharmacists are:

President: C. A. Britt

Vice-President: Ronald Martin

Secretary-Treasurer: Joe Chandler

COUNTY ORGANIZATION MEETS IN DUNN

Reported by Edith Ann Caviness

Plans for participating in Poison Prevention Week and the showing of two films, "Swamp Root, Snake Oil and Wahoo Bitters" and "America's Heritage, the Drugstore" highlighted the November 22nd meeting of the Harnett County Pharmaceutical Association.

Byron Johnson, president of the Association, presided at the meeting which was held at Heath's Steak House in Dunn.

The program chairman was Frank Purdy.

PITTMAN ELECTED

Newly elected officers of the Cape Fear Pharmaceutical Association are:

President: James A. Pittman

Secretary: John Calhoun

Treasurer: Hunter Smith

Vice-President/Program Chairman: Waits A. West

A dinner/dance was held at Napoleon's Retreat in Fayetteville on December 4.

Guest Speaker at the November 16th meeting was Dr. Edward A. Hartshorn of Charleston, South Carolina.

CAPE FEAR

The Cape Fear Auxiliary held its November meeting at Highland Country Club. Mrs. H. P. Underwood, presided at the meeting. A new member was welcomed and projects were discussed. The club will have two projects. One is to make monkeys for the childrens ward at N. C. Memorial Hospital and the other is to bring food and clothing to each meeting to be given to needy families through two of the local churches. The club also discussed helping a new halfway house in the Roseboro area with draperies etc.

Workshops will begin at the home of Mrs. Underwood in January. A Christmas Party with the husbands was planned for December.

DURHAM-ORANGE PROGRAMS

The Durham-Orange Pharmaceutical Association began its fall professional programs in October with speaker William T. Sawyer, Clinical Instructor from the UNC School of Pharmacy. Bill's outstanding presentation was entitled "Evaluation of the Newer Non-steroidal Anti-inflammatory Agents".

The November meeting offered a replay of excellence featuring W. Ray Gammon, M.D., Instructor of the Department of Dermatology at NCMH. Dr. Gammon's topic was "Topical Steroid Therapy".

Finally, the Chapel Hill Woman's Auxiliary and D.O.P.A. kicked off the Christmas season December 2nd by attending the Village Dinner Theater to be entertained by Neil Simon's comedy "Plaza Suite".

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LPPINC CHAIN EXPERIMENTS WITH GROCERY/RX TIE-IN

Food Town of Salisbury (operates 45 super-markets throughout the state) has announced LPPINC (lowest prescription prices in North Carolina) as an addition to its LFPINC (lowest food prices in North Carolina).

Here's how LPPINC works:

1. Customer picks up membership card in Food Town store.
2. Customer qualifies to purchase prescriptions "at cost" after \$20.00 in monthly purchases of food from Food Town. Membership card lists three months of four \$5.00 monthly punch-out amounts.
3. After qualifying, customer takes card and prescriptions to a participating pharmacy. Currently, one Salisbury pharmacy is participating.
4. A survey of the participating pharmacy indicates that prescriptions are being dispensed at what pharmacists generally know as "at cost". Since it is economically unsound to dispense prescriptions at a true "at cost" basis, it is believed some sort of subsidization exists. The Consumer Division of the State Attorney General's Office is interested in determining if any misrepresentation exists.

According to press reports, the program in Salisbury is experimental; if considered successful, will be tried in other towns.

BRIEFLY NOTED

Meeting of the NCPHA Executive Committee in Chapel Hill on December 5, 1976.

Action Taken:

- Minutes of October 6, 1976 meeting approved.
- Reviewed financial report for January 1/October 31, 1976 period.
- Received Mini-Convention Report.
- Discussed action taken by the NCPHA Legislative Committee on November 21, 1976.
- Discussed current status of Carolina Journal of Pharmacy.

- Reviewed details of Food Town "at cost" prescription program and authorized appropriate action.
- Approved 5% salary increase in 1977 for staff employees.
- By mutual agreement, President Burgess to appoint a Selection Committee of nine (9) NCPHA members who will have the responsibility of recommending to the Executive Committee not less than two nor more than four applicants from which the Executive Committee may select one applicant for appointment as assistant to W. J. Smith.
- Received \$1000 contribution by a member of the NCPHA Executive Committee designated "For advancement of North Carolina Pharmacy".
- Authorized action to reestablish VA Hometown Rx Program.
- Allocated funds contributed in connection with the Vivian and W. J. Smith Celebration and authorized addition of two fund lines to 1977 NCPHA dues statement.

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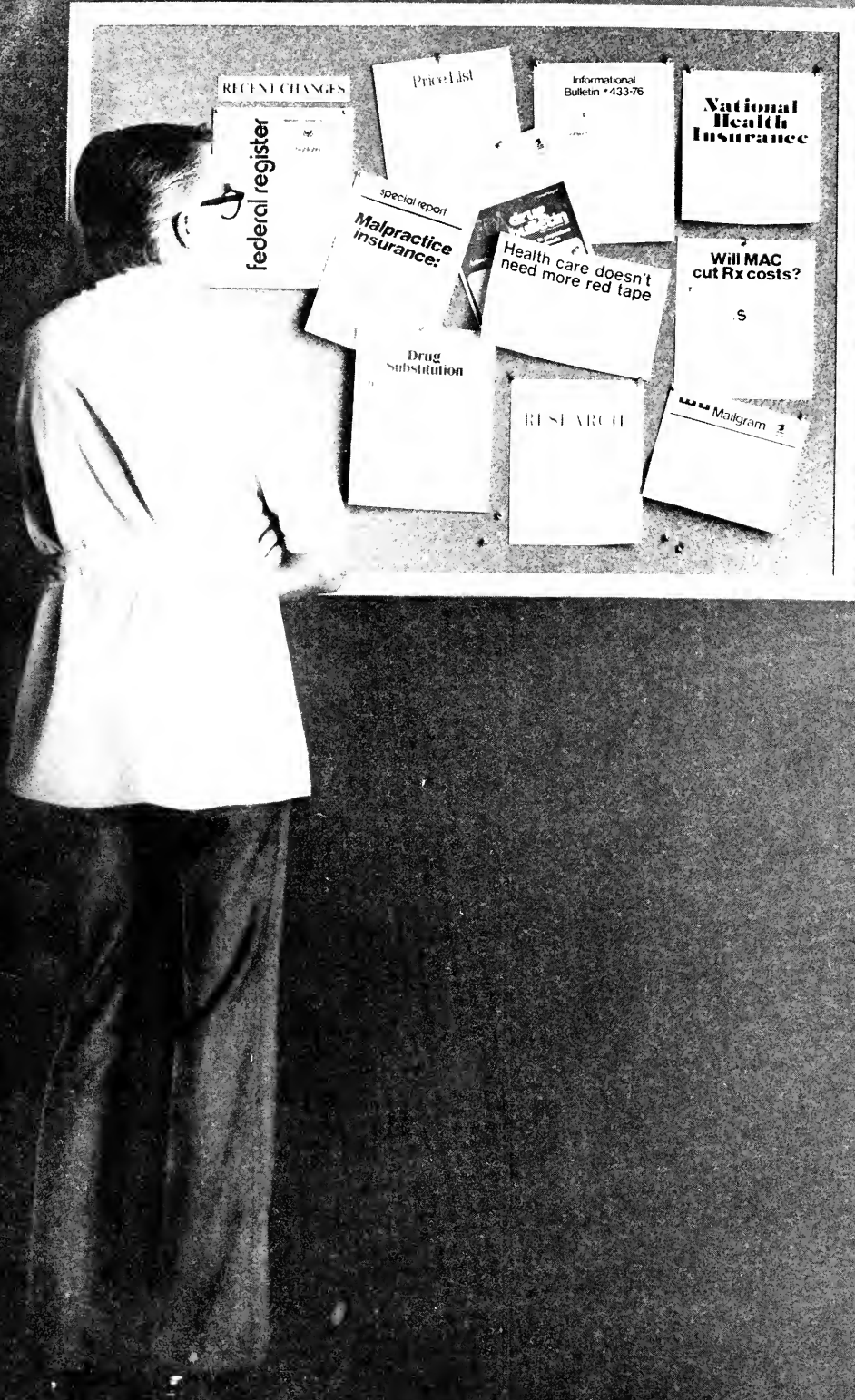
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RECENT CHANGES

federal register

Price List

Informational
Bulletin # 433-76

National
Health
Insurance

special report

Malpractice
insurance:

Health care doesn't
need more red tape

Drug
Substitution

Will MAC
cut Rx costs?

S

RESEARCH

Mailgram

THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND THE PATIENT.

Pharmacy today is in the spotlight, subjected to all kinds of scrutiny. Your actions are being monitored and judged, sometimes by unknown third parties.

The worry is that in the wake of this focus, your relationships with both doctors and patients will be weakened, without offsetting benefits. Consider three examples:

Drug substitution Until recently, state pharmacy laws, regulations, or professional custom have stipulated that non-generic prescriptions be filled with the precise products prescribed. But in the last five years, a number of these laws or regulations have been changed, permitting you, in varying degrees, to make the selection when a multi-source product is ordered.

These changes have been taking place against a background of growing evidence that purportedly-equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA has not enforced the same standards for hundreds of "follow-on" products that it has applied to original NDA approvals. This situation, it seems to us, is a compelling reason for product selection to rest on a sensible interchange between doctors and pharmacists—and not on legislative action.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant overall savings has been produced, nor is any likely, given the needs of pharmacy and the record of government in administering cost control programs.

MAC Maximum Allowable Cost, MAC for short, is a federal regulation intended to cut the government's drug bill by setting price ceilings for multi-source drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the government intends to pay only for the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect

of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right, regardless of your economic or professional judgments. Pharmacists will have little to say about administration of the program, since government will have absolute authority to make its prices and fees stick. For other multi-source drugs on the MAC list, your reimbursement would be limited to a product price on a government "estimated acquisition cost" list and a state-established professional fee.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than \$1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to patients: the cost of the research is more than ten times what it was, per product, in 1962, and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years or more now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present complex approval process contributes to needless delay of drug therapy. That's why the increased efficiency of the drug and device approval process is vital to all our futures.

We suggest you make your voice heard on these issues—among your colleagues and your representatives in state legislatures and in the U.S. Congress.

It could make a difference to patients and to the practice of your profession tomorrow.

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005



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Sickness Total Disability—Five Years

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PLAN II: \$30,000 Maximum Benefit including \$50 Daily Room Limit
(Up to \$45,000 Maximum Benefit including \$75.00 Daily Room Limit Available)

TERM LIFE PLAN

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**INTRODUCING...****THAD L. WEBER**Security Consultant
SK&F Laboratories

Thad L. Weber, internationally recognized authority on alarm systems, high risks and related security, is the author of "Rx Security" which begins here next month. His columns will deal with a variety of pharmacy security problems and will offer valuable advice to help pharmacists protect themselves, their employees and their business.

Weber heads his own security consulting firm in New York City with clients in the pharmacy, jewelry, business management, banking and commercial and residential building management fields. The firm's activities range from planning and developing security policies for individuals and corporations to crime investigation and analysis services for insurance companies.

Before starting his own company, Weber was an executive vice president and director of Holmes Protective Company, the oldest alarm central station in the United States, and for 15 years previous to that was involved in electronic service activities and business administration with Radio Corporation of America.

Weber is a member of the Burglary Protection Council of Underwriters' Laboratories, the Security Committee of the New York City Crime Prevention Council and the American Society for Industrial Security. He is an active lecturer and advisor to many organizations, including the Jewelers' Security Alliance, Retail Jewelers of America, National Crime Prevention Institute, Bank Administration Institute, National Wholesale Drug Association and the International Security Conference.

BEGINNING NEXT MONTH...

Rx SECURITY, a monthly column written by Thad L. Weber, Security Consultant for Smith Kline & French Laboratories, to help pharmacists cope with some of their most serious security problems.

UNC PHARMACY SCHOOL

GAGNON ELECTED TO PHARMACY OFFICE

Associate Professor Jean Paul Gagnon, Division of Pharmacy Administration, UNC School of Pharmacy, is Chairman-elect of the Council of Sections of the American Association of Colleges of Pharmacy. In this capacity, Gagnon will be responsible for preparation of abstracts for the contributed paper sessions of all Sections at the 1978 Annual Meeting of the A.A.C.P.

Gagnon was appointed to the faculty of the UNC School of Pharmacy in 1975, prior to that he was on the faculty of the School of Pharmacy at the University of Iowa.

HAGER MARYLAND PHARMACY SPEAKER

Dr. George P. Hager, Professor of Medicinal Chemistry and former Dean of the UNC School of Pharmacy, was guest speaker at the Balassone Memorial Lecture at the University of Maryland.

Balassone was Executive Director of the Maryland Board of Pharmacy until his death several years ago. The memorial lecture was sponsored by the Maryland Pharmaceutical Association and the Alumni Association of the School of Pharmacy of the University of Maryland.

MINORITY PHARMACY ORGANIZATION BEING FORMED

A chapter of the Students National Pharmaceutical Association is being formed at the University of North Carolina School of Pharmacy. Membership is open to anyone interested in minority problems in the practice of pharmacy. Those interested may apply for membership, which is \$5.00 a year, by requesting an application from either Dana Coleman

or Louis Newsome at the UNC School of Pharmacy.

The Students National Pharmaceutical Association is funded by the National Pharmaceutical Foundation which was founded at Howard University in 1972. There are now over ten pharmacy schools in the United States which sponsor chapters.

The Students National Pharmaceutical Association will have its national convention in New Orleans in February, 1977.

MILLAR & CANADY ELECTED

Two members of the Student Branch of the NCPHA/APhA—Patsy Millar and JoAnn Canaday—were elected officers of District III at a recent regional meeting of the Student Branches in Birmingham, Alabama.

Ms. Millar was elected to the Council of Student Regional Representatives which will serve as a liaison for the thirteen regional schools of pharmacy and the AACP. She is the daughter of Mr. and Mrs. J. R. Millar of Winston-Salem.

Ms. Canaday was elected Regional Secretary of District III. In addition to this office, Ms. Canaday is Vice President of Kappa Alpha Theta Sorority and is a member of Phi Lambda Fraternity. She is the daughter of Mr. and Mrs. Merwin S. (Bill) Canaday of Four Oaks.

REGION III MEETING

The University of North Carolina Pharmacy School was represented at the Student American Pharmaceutical Association Region III annual convention by fifteen students. The convention was held October 21-24 at the Birmingham Hyatt, Birmingham, Alabama.

The delegation had several goals to reach at the convention. Campaigning for regional offices, i.e., regional coordinator, Council of Students (COS), and Regional Secretary were ut-

most on the list of importance. With regional officers in the school, close contact is maintained intraregionally and nationally. Victory came with COS Representative, Patsy Millar, and Regional Secretary, Jo Canaday.

Martha Mayo, past regional coordinator was chairman of the nominations committee, its responsibility being to slate candidates to the office for which they are most qualified. As chairman, Martha presented the nominations to the House of Delegates and conducted elections.

Jane Hall was chairman of the resolutions committee. The committee's responsibility was to review resolutions and make recommendations to the House of Delegates for adoption or rejection. As chairman, Jane presented the committee report at the session. North Carolina introduced three of the total six resolutions submitted for consideration:

- (a) Be it resolved that all prescriptions should be stamped with the physician's name and DEA number.
- (b) Be it resolved that SAPHa take a supporting position on legislation limiting "PRN" refills to one year.
- (c) Be it resolved that the name, address, and phone number of chapter presidents be submitted to the regional officers to serve as a communications liaison between all regional chapters and regional officers.

All three off the N. C. resolutions were adopted.

The SAPHa also was responsible for the committee on regional legislation (Elena Holak, Jane Hall). The legislative report was a compilation of the legislation enacted and also just presented to and/or considered in committee of the regional states.

The task that required the most work was a workshop presented by the N. C. delegation (Bert Tang, Jo Canaday, Martha Mayo, Jane Hall, Billie Hines, Sharon Skinner, Frances Rader, Tony Gurley, Harpo Harvey, Joy Davis) and precepted by Bob Smith and Hayward Hull. The subject was OTC Drug—Disease interactions. The material presented included interactions of drugs with diabetes mellitus, cardio-vascular problems, pregnancy, gout, and ulcers. Handouts and slides summed and supplemented the material presented orally and included list of sugar and alcohol free cough and cold preps, sodium content of OTC, products containing sum-

pathometics and antihistamines and some teratogenic agents.

The convention was not all work, as we sat back and enjoyed a panel discussion, "Approaching the Future in Pharmacy Practice", Dr. Robert Henry, former Director of Professional Affairs for US Pharmacopoeial Convention, Mrs. Launia L. Thagard, Executive Director, Alabama Pharmaceutical Association, and Mr. Thomas Holland, APhA Vice President. Entertainment at the Hyatt Thursday and Saturday nights and the town of Birmingham (Botanical gardens and zoo, Samford University, Morris Street) occupied spare time.

It was truly an enjoyable and educational experience. Participation and enthusiasm into Branch activities have increased and will continue to be stimulated as a result.

DECEMBER BRANCH MEETING

The December 1 meeting of the Student Branch featured two speakers: Mrs. J. R. Millar, President of the Forsyth Cancer Agency, and Mr. Leslie Myers, both of Winston-Salem.

Mrs. Millar's topic was "The Role of the Pharmacist in Community Health Agencies" and Mr. Myers pointed out the positive values in being involved in such organizations as the cancer society, better business bureaus, chamber of commerce, etc.

PHARMACY FACULTY PARTICIPATED IN CALIFORNIA MEETING

Several members of the UNC School of Pharmacy participated in the mid-year meeting of the American Society of Hospital Pharmacists held in Anaheim, California in early December. Assistant Professor Heyward Hull presented "Factors Affecting the Accuracy of Creatinine Clearance and Predictions." Hull also served as Vice Chairman of the Special Interest Group on Clinical Pharmacokinetics.

Fred Eckel, Chairman, Division of Pharmacy Practice, served as a panelist on the Residency Preceptors Forum.

Assistant Professor Steve Caiola, also of the Division of Pharmacy Practice presided as

(Concluded on Page 44)

DISASTERS

SuperX Drug Store, Hickory—After cutting a hole in the roof of the store, intruders removed a quantity of drugs according to Pharmacist Dewey Herman Jordan.

Viewmont Pharmacy, Hildebran—An Indiana man was arrested and charged with taking cash and Schedule 2 drug following a breakin at the pharmacy.

Wallace Drug Store, Star—Pharmacist A. C. Wallace reported two men robbed the pharmacy of drugs valued at more than \$700, then forced him to drive them to a get-away car which was located more than two miles from the pharmacy.

Ramseur Pharmacy, Ramseur—As a result of detecting a forged prescription, Pharmacist Mickey Whitehead set the wheels in motion for the arrest of an Asheboro woman. It was later determined same person is wanted in High Point for passing forged prescriptions.

Belmont Pharmacy, Reidsville—Three Reidsville men were arrested for allegedly breaking into the pharmacy and taking a small amount of drugs and several syringes on November 14.

ALARM SYSTEM ALERTS POLICE WHO ARREST GANG

A burglar alarm system tied into local police department was responsible for the arrest of several persons who had broken into Barbour Drugs, Burlington, on November 2.

Joe Barbour, Jr., pharmacist/owner, reports that when the gang loaded up their plastic bags with CS drugs and prepared to depart the pharmacy by way of the roof, six car loads of police were present to greet them.

As a result, the drug loss was limited to one bottle of Biphethamine which was broken in the break-in.

Mr. Barbour highly recommends the alarm dialing system; it certainly worked in this instance.

LICE INFESTATION

Lice infestation is on the increase in North Carolina if orders for anti-lice preparations flowing into wholesale drug houses is any indication of the current situation.

One wholesale druggist reported Chapel Hill to be a top customer for pediculicides which is not the best way for a University town to start the new year.

One authority reported: "blacks are least affected, so that in the United States this is basically a problem of the white community."

PHYSICIAN ASSISTANTS AND REGISTERED NURSE PRACTITIONERS—RX WRITING

More than two hundred physician assistants and registered nurse practitioners have been approved by the North Carolina Board of Medical Examiners to prescribe non-controlled drugs.

Prescriptions for controlled substances must include the signature of the physician supervisor.

The list beginning on the opposite page and continuing on succeeding pages includes (1) Physician Assistants, (2) Registered Nurse Practitioners, (3) Pediatric Nurse Practitioners and (4) Certified Nurse Midwives together with their physician supervisors and number assigned by the N. C. Board of Medical Examiners.

Prescriptions for non-controlled substances issued by the listed authorized persons should include the number assigned by State Board of Medical Examiners.

At intervals, this list will be updated. Any known variation from the list, as published, should be reported to the NCPHA.

Further information, including an approved formulary, may be obtained from the N. C. Board of Pharmacy, Box 471, Chapel Hill, N. C. 27514. Ask for copy of News-Bulletin No. 51.

**PERSONS APPROVED BY THE NORTH CAROLINA BOARD OF MEDICAL
EXAMINERS TO WRITE RXs FOR NON-CONTROLLED SUBSTANCES
UNDER PROVISIONS OF G. S. 90-18.1**

	PHYSICIAN ASSISTANTS	PHYSICIAN SUPERVISOR
2/5/76	Richard W. Brown, 100001	Dr. John W. Baker, Charlotte Mem. Hosp., P. O. Box 2554, Charlotte 28234
2/5/76	Michael J. Conwell, 100002	Dr. James M. Lee, 1016 Professional Village, Greensboro 27401
2/5/76	William J. Ford, 100003	Dr. Richard W. Adams, 1316-C Davie Avenue, Statesville 28677
2/5/76	Michael Kreitz, 100004	Dr. Leland S. Averett, Jr., 307 Lindsay St., High Point 27260
2/5/76	David E. Lowe, 100005	Dr. John G. Craddock, NCMH Box 52, Chapel Hill
2/5/76	Ralph Pickett, Jr., 100006	George Johnson, Jr., M.D., NCMH 3005-M Old Clinic Bldg., Chapel Hill
2/5/76	Roland W. Smith, 100007	William R. Hudson, M.D., Department of Surgery, Duke Univ. Med. Ctr., Durham
2/6/76	Paul S. Toth, 100008	David C. Sabiston, Jr., M.D. Duke Univ. Med. Ctr., Box 2715, Durham
2/5/76	Glenn A. Withrow, 100009	Gene A. Wallin, M.D. 1004 North Howe St., Southport
7/14/76	James O. Vaughn, Jr., 1000010	Dr. L. H. Clontz, Western Carolina Ctr. Drawer 1439, Morganton 28655
2/5/76	Cary J. Zakrzewski, 100011	Frank P. Dalton, M.D. 1901 Hillandale Rd., Durham
2/11/76	Donald L. Natale, 100012	Dr. Albert F. Pumphrey P. O. Box 728, Elizabethtown 28337
2/11/76	Frank Piper, Jr., 100013	Dr. Ralph F. Meinhardt, P. O. Box 728, Elizabethtown 28337
2/17/76	Evelyn H. Elliott, 100014	Dr. Livingston Johnson, Shelby Medical Associates, P. A., 808 N. Dekalb St., Shelby 28150
2/18/76	Steven M. Pulliam, 100015	Dr. H. D. Belk, Works Medical Director, Western Electric, 3300 Lexington Rd., S.E., Winston-Salem 27102
6/29/76	Charles R. Donau, 100016	Dr. Neil A. Worden, 116 Rowan St. Fayetteville 28301
6/15/76	Donald R. Eads, 100017	Dr. Robert G. Crummie, Cumberland Mental Health, P. O. Box 405, Hope Mills 28348
2/20/76	Michael G. Phillips, 100018	Dr. John L. Weinerth, Div. of Urology Surgery, Dept. of Surg., Duke Univ. Med. Ctr., Durham 27710
2/23/76	Ronald D. Talley, 100019	Dr. Wm. A. Stout, P. O. Box 675, Tabor City 28463
6/15/76	Gary M. Trube, 100021	Dr. William R. Thornhill, St. Luke Clinic, Columbia 27925
3/12/76	Doyce J. Emmert, 100020	Dr. Richard Hardin, St. Luke Clinic, Columbia 27925
3/15/76	Martha C. Linkous, 100022	Dr. A. J. Tannenbaum, 1904 N. Church Street, Greensboro 27405

PHYSICIAN ASSISTANTS**PHYSICIAN SUPERVISOR**

3/20/76	Earle S. Maloway, 100023	Dr. D. R. Coffman, Division & Main, Norlina 27563
3/20/76	Sidney P. Wolinsky, 100024	Dr. G. M. Gianaras, Barry Emergency Med. Serv., 121 Ellerslie Dr. Fayetteville 28303
3/20/76	Melvin L. Gaston, 100025	Dr. W. R. Thornhill, 1001 West Memorial Drive, Ahoskie 27910
3/20/76	Landis Hackney, 100026	Dr. J. L. Goldner, Duke Univ. Med. Center, P. O. Box 3706 Durham 27710
3/20/76	John B. Derrick, 100027	Dr. Charles H. Miller, Mecklenburg Co. Health Dept., 1200 Blythe Blvd., Charlotte 28203
3/29/76	James C. Portt, 100028	Dr. J. W. Kahn, Wayah Medical Assoc., P. A., P. O. Box 147, Franklin 28734
6/15/76	Robert B. Cutler, 100029	Dr. William R. Thornhill, St. Luke Clinic, Columbia 27925
3/30/76	Kelly R. Taylor, 100030	Dr. George Podgorny, Forsyth Memorial Hospital, Columbia 27925
3/30/76	Richard O. Cornwall, 100031	Dr. George Podgorny, Forsyth Memorial Hospital, Columbia 27925
3/30/76	Carolyn C. Johnson, 100032	Dr. Joyce H. Reynolds, Emergency Dept., Forsyth Mem. Hosp., Columbia 27925
3/30/76	Kenneth E. Aronhime, 100033	Dr. Joyce H. Reynolds, Emergency Dept., Forsyth Memorial Hospital, Columbia 27925
3/30/76	Joyce Nichols, 100034	Dr. J. R. O'Rourke, Lincoln Community Health Center, P. O. Box 427, Durham 27702
3/30/76	Sandra Farrington, 100035	Dr. E. D. Schmidt, Lincoln Community Health Center, P. O. Box 427, Durham 27702
3/30/76	Earl Echard, 100036	Dr. J. R. O'Rourke, Lincoln Community Health Center, P. O. Box 427, Durham 27702
3/30/76	Valerie Staples, 100037	Dr. J. W. Denham, East Bend Community Health Center, P. O. Box 126, East Bend 27018
3/30/76	Kay M. Shores, 100038	Dr. Samuel T. Bickley, 813 North Bridge St., Elkin 28621
3/30/76	Wm. Marvin Rice, 100039	Dr. H. B. Bates, 1610 Vaughn Rd., Medical Village, Burlington 27215
3/30/76	Michael J. Moore, 100040	Dr. Norman Boyer, Broughton Hosp., Morganton 28655
3/31/76	Paul C. Hendrix, 100041	Dr. J. L. Goldner, Div. of Orthopaedic Surgery, Dept. of Surgery, Duke Univ. Med. Ctr., Durham 27710
3/30/76	Kenneth R. Pickard, Jr., 100042	Dr. F. M. Carroll, Chadbourn Med. Center, P.A. 722 N. Brown St., Chadbourn 28431
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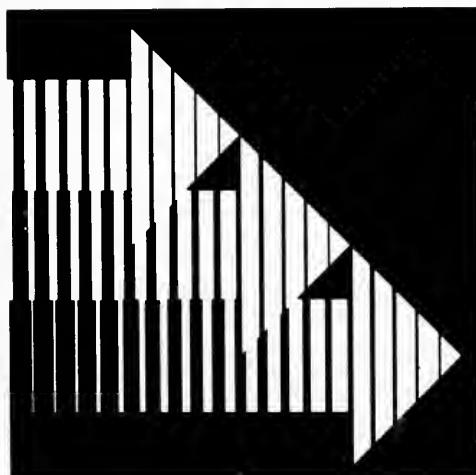
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Dr. Kenneth Weaver, 1511 N.
Main St., Waynesville 28786



AMERICAN HERITAGE: THE DRUGSTORE will be broadcast by the UNC-TV Network on Wednesday, January 12 and 19 at 12:30 p.m. and on Friday, January 14, 11:30 a.m.

A signal from one of the eight stations (2, 4, 17, 25, 26, 33, 39 and 58) is available to 96% of the state's population.

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We are proud of our long association with North Carolina druggists through the *Carolina Journal of Pharmacy* and its editors. We look forward to serving your graphic needs in the future.



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THREE NEW CONTINUING EDUCATION PROGRAMS AVAILABLE TO PHARMACISTS FROM LILLY

Three new continuing education programs—two programmed-learning self-study courses and a workshop-type film—are available to pharmacists at no charge from Eli Lilly and Company. This brings to nine the total number of continuing education programs the company offers, through which pharmacists can obtain up to 36 hours of credit.

The six programs previously available are approved for pharmacy continuing education credit in most states with mandatory continuing education, and the three new programs have been submitted for accreditation review. More than 75,000 participations have been recorded in the Lilly programs to date.

The two new self-study courses are *Obstetric and Gynecologic Disorders*, which requires about eight hours for completion, and *Rheumatic Diseases and Current Therapy*, with a completion time of about six hours. The third new program is a film intended for use in a discussion-type workshop setting. Entitled "Encounter at the Prescription Counter," it is especially suitable for an association meeting. The film consists of a series of vignettes depicting various pharmacist-patron encounter situations. It is designed to be stopped periodically in order for participants to discuss each situation. A "Discussion Leader's Guide" accompanies each print load.

Requests for any of the Lilly continuing education programs can be made to any Lilly or Dista representative or sent directly to ELI LILLY AND COMPANY, ATTN: PROFESSIONAL RELATIONS DEPARTMENT, MC-925, INDIANAPOLIS, INDIANA 46206. Requests for films should include three choices of showing dates and the number of persons expected to attend.

NARD'S NEW WASHINGTON ADDRESS

The current address of the National Association of Retail Druggists is 1750 K. Street, N.W., Suite 1200, Washington, D. C. 20006. William E. Woods is the Executive Secretary.

SCPhA FILES SUIT TO VOID NURSE DISPENSING ACT

The S. C. Pharmaceutical Association (SCPhA) has filed two suits in Richland County Court of Common Pleas against the State Dept. of Health and Environmental Control (DHEC) and the State Board of Pharmaceutical Examiners, seeking to terminate the practice of registered nurses dispensing prescription drugs in the state's public health programs.

The complaint against DHEC seeks to have the so-called Nurse Dispensing Act (Act 287 of 1975) declared unconstitutional on seven grounds.

Both suits ask the court to enjoin DHEC from permitting its employees to dispense drugs in violation of state laws and to require both defendants to pay court costs.

The suits against the Board of Pharmaceutical Examiners requests the court to order the Board to enjoin DHEC from operating pharmacies without a permit and from allowing their employees to dispense drugs in violation of state laws.

In brief, the complaint against DHEC alleges that the Nurse Dispensing Act is unconstitutional because the Act:

—violates the Constitution of the State of South Carolina because it constitutes special legislation;

—violates the Supremacy Clause of the U. S. Constitution, since it is contrary to preexisting state and federal laws;

—violates the Equal Protection Clause of the State Constitution in that it denies to persons using public health clinics equal treatment under the law to that provided persons using other facilities;

—denies to nurses not employed by DHEC equal treatment under the law by conferring special benefits only to nurses working for DHEC;

—delegates legislative authority to a non-governmental body, the S. C. Medical Association, to approve public health programs where nurses dispense drugs;

—constitutes the taking of property from the registered pharmacists, which property is the means by which they earn their livelihood.

The Association expects that the issues raised in both cases will have to be resolved in the State Supreme Court.

SAME FOR NORTH CAROLINA?

A similar-type nurse dispensing act is anticipated during the 1977 session of the North Carolina General Assembly. See legislative report on page 12.

FTC PROBE

The Federal Trade Commission will investigate kickbacks to nursing homes with emphasis on receiving payments from suppliers in exchange for nursing home service.

THE MODERN WHOLESALE DRUG HOUSE—A MARVEL OF ELECTRONIC TECHNOLOGY

Advanced electronic technology is quite evident in the daily operation of N. C. Mutual Wholesale Drug Company, which now services

more than 250 pharmacies from its modern building located in Durham.

Responding to an invitation to "come see us at work", UNC School of Pharmacy Dean LeRoy Werley, Professor Jean Gagnon and NCPhA Secretary Smith toured NC Mutual's operation with Ralph Rogers, Milton Whaley and Don Peterson. It was impressive from beginning to end.

"Automation" linked with data processing is the key to NC Mutual's operation. The order entry-transmission-processing-shipment and management reports must be equated as the marvel of the century.

If you have never visited a wholesale drug house to see the sequence of events which take place following receipt of your order, we urge you to do so. It will be an eye opener.

And best of all, what has and is taking place assures the continuation of the retail pharmacy as a sound, economically based operation where the pharmacist can utilize his knowledge and skill for maximum customer service.

MARRIAGES

Miss Deborah Ann Wertheim became the bride of Dr. Paul Douglas Barry on October 24 at Beth Israel Synagogue. The bride is a graduate of the UNC School of Pharmacy and the bridegroom is a physician at North Carolina Memorial Hospital in Chapel Hill. The couple will reside in Chapel Hill.

Miss Rebecca Kaye Hardy and Robert Terrell Pace were united in marriage on October 30 in the Chapel of the Cross in Chapel Hill. Mr. Pace is a graduate from the School of Pharmacy at the University of North Carolina at Chapel Hill and is employed as a pharmacist with Eckerd's. The bride is a graduate from East Carolina University and is employed with Carolina Power & Light Co. as an engineering technician. The couple will reside in Raleigh.

Ms. Ellon Seawell Martin was married to William Charles Barlow on November 20 at Synder Memorial Baptist Church in Fayetteville, N. C. The bride graduated from the University of North Carolina School of Pharmacy in 1967 and is associated with Prescription Center in Fayetteville. The groom is with Croft Metals, Inc. of Mississippi.

BIRTHS

Tommy and Billie Dagenhart of Charlotte announce the birth of a daughter Jennifer Paige on September 16, 1976. Tommy is a 1970 graduate from the UNC School of Pharmacy and is employed with Walker Nalle Clinic Pharmacy in Charlotte.

Mr. and Mrs. Christopher Turner announce the birth of their first child, Rachel Christine on September 29, 1976. Rachel weighed 7 lbs. 13 oz. and was born at Watts Hospital in Durham. Mrs. Turner is a graduate of the UNC School of Pharmacy and is employed by Rex Hospital in Raleigh. Chris is with the Public Health Statistics Branch of N. C. State Government in Raleigh.

Bill and Tamara Mitchener announce the birth of a son, William Garrett, on November 23. The Mitcheners live in Charlotte, where

Bill is with Eckerd Drugs. He is a 1972 graduate of the UNC School of Pharmacy.

TWO ADDED TO NASH GENERAL HOSPITAL'S PHARMACY STAFF

Nash General Hospital Administrator Bryant T. Aldridge has announced the appointments of Mickey A. League and K. D. (Ted) Morgan, Jr., to the hospital's pharmacy staff.

Mrs. League is a Wilkes County, N. C., native and graduated in 1971 with a Bachelor of Science degree in pharmacy from the University of North Carolina at Chapel Hill, where she was a member of Rho Chi, a pharmaceutical honor society. She has completed course work for a Masters degree in hospital pharmacy from Auburn University, Auburn, Ala.

Prior to joining Nash General, Mrs. League served as a medical assistant, North Carolina Memorial Hospital, Chapel Hill; resident in hospital pharmacy and staff pharmacist, Moses Cone Hospital, Greensboro; pharmacist, St. Margaret's Hospital, Montgomery, Ala.; and graduate teaching assistant, Auburn University.

She is a member of the North Carolina Pharmaceutical Association, North Carolina Society of Hospital Pharmacists, American Pharmaceutical Association, American Society of Hospital Pharmacists and Kappa Epsilon.

She and her husband, John Robert League, have an infant son, William.

Mr. Morgan is a native and resident of Tarboro. He holds a Bachelor of Science degree from North Carolina State University and received his Bachelor of Science degree in pharmacy from the University of North Carolina at Chapel Hill in 1975.

He was previously employed as a pharmacist with Eckerd's Drug Stores in Wilson, Morehead City and Jacksonville, N. C.

A U. S. Army veteran, Mr. Morgan is a member of the North Carolina Pharmaceutical Association. He is married to the former Lou Etta Trogdon of Raleigh. They have two children: Pamela, of Charleston, S. C.; and Marcus, of Raleigh.

CLASSIFIED ADVERTISING

Classified advertising (single issue insertion) 10 cents a word with a minimum charge of \$3.00 per insertion. Payment to accompany order.

Names and addresses will be published unless a box number is requested.

In replying to "blind" ads, address Ad. No., Carolina Journal of Pharmacy, P. O. Box 151, Chapel Hill, N. C. 27514.

PHARMACIST

Open for full-time, part-time or relief work in general area of Rockingham. Prior experience in hospital/chain/independent pharmacy. Call Paula Haines (919) 997-4134.

PHARMACISTS—RELIEF

Candice Brown Teeter (Class of '70), 3111 New Hope Church Road, Raleigh, N. C. 27604. Phone: (919) 872-5288. Available for relief work in Raleigh/Durham/Chapel Hill area.

RELIEF PHARMACIST AVAILABLE

T. M. Kirkpatrick, Jr.
(Reg. N. C., S. C., GA.)
325 Highland Drive, Eden, NC 27288.
Telephone (919) 627-1644

OPEN FOR EMPLOYMENT

Excellent pharmacist with exceptional chain management experience desires to relocate in Triangle area. Reply CCT-3.

PHARMACIST WANTED

New position in large Eastern N. C. state institution. Career opportunity with great benefits. Graduation from accredited school and N. C. licensure required. Salary \$14,916 to \$18,888. Apply: Personnel Office, Caswell Center, Kinston, NC 28501.

OPPORTUNITY DESIRED

Experienced pharmacist wants to escape Ohio winters. Opportunity desired in either retail or hospital areas. Prefer medium sized town with growth and development potential. Send inquiries for complete resume to ad #JDD-12.

DRUG STORE FOR SALE

Located in Piedmont area of N. C. Gross sales over \$140,000; rent less than \$1.50 per sq. ft.; inventory, fixtures and accounts receivable, \$57,000. Will sell for \$44,000. WSG-1.

PHARMACY FACULTY PARTICIPATED

(Continued from Page 27)

chairman of the Special Interest Group on Ambulatory Pharmacy Practice.

Betty Dennis, Instructor, Division of Pharmacy Practice, presented a paper on the "Graduate Program in Pharmacy Practice" in the UNC School of Pharmacy.

Other members of the faculty who attended the meeting were: Candace Bryan, Assistant Professor; Steve Porter, Instructor; Ralph Raasch, Instructor; Ed Webb, Clinical Instructor of AHEC; and Bruch Cannady, Clinical Instructor of AHEC.



WITH THESE SERVICES . . . WE ARE
PREPARED TO COVER YOUR MANY
ESSENTIAL NEEDS

Tip Top . . . a computerized
accounts receivable program for
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to provide a tax and medical
expenditure record
for their customers.



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designed to keep independent
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gram for over 20 sundry
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hensive advertising and in-store
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independent pharmacies.

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Columbus Show Case Co.—pro-
fessionals in drug store fixtures.

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Complete Drug Store Service

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P. O. Box 231, Raleigh, N. C. 27602
Telephone 919/782-8400

DR. T. C. SMITH COMPANY

and P. O. Box 6656, Asheville, N.C.

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WHOLESALE DRUGGISTS



dh ZACHRY MFG. & SUPPLY CO. INC. - ARCHITECTURAL ARTS - RALEIGH, NC.

FRIENDLY DEPENDABLE SERVICE

THE CAROLINA JOURNAL of PHARMACY



Computerized store management systems are making rapid headway in North Carolina pharmacies and elsewhere, mainly with the encouragement and support of wholesale drug firms.

Pictured above is Terry Netherton, R.Ph., owner of Startex Pharmacy, Startex, South Carolina, who is demonstrating an ordering system (SPEED) available from Smith Wholesale Drug Company, Spartanburg, South Carolina.

Big plus of SPEED and similar systems: Saves time in ordering, eliminates errors and can be utilized for third party billing and accounts receivable. See SPEED picture feature starting on Page 25.

VOLUME 5/
NUMBER 2
JAN 4 1973
LIBRARY
SCHOOL OF PHARMACY

**JUSTICE DRUG COMPANY SALUTES THE
FOLLOWING PERSONNEL FOR YEARS
OF SERVICE IN WHOLESALING:**

H. W. "HIP" HIGHFILL — 54 years

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Jean Causey	10 years
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Lacy Nelson	10 years
Jackie Wade	10 years

**159 YEARS OF SERVICE TO THE RETAILERS
OF NORTH CAROLINA**

DO JUSTICE TO YOUR DRUG BUSINESS!



JUSTICE DRUG COMPANY

Greensboro, N. C.

Now in our 80th Year of Service to the North Carolina Retail Druggists

**When she needs
a clear nose
and a clear head**

SUDAFED
pseudoephedrine HCl

**Decongestion
without drowsiness**

- no antihistamines to diminish alertness
- no aspirin, no acetaminophen
- reaches areas drops and sprays can't penetrate

Sudafed: For nasal congestion
associated with the common cold,
sinusitis, hay fever and allergies.

Tablets: 30 mg, sugar-coated;
boxes of 24, bottles of
100 and 1000.

Syrup: 30 mg per
teaspoonful
(5 cc); bottles
of 4 fl oz
and 1 pt.



Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

THE CAROLINA JOURNAL of PHARMACY

FEBRUARY 1977

VOLUME 57

NUMBER 2

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, Box 151, Chapel Hill, N. C. Subscription rate: \$3.00 a year; single copy, 25 cents. Second class postage paid at Chapel Hill, North Carolina 27514.

HENLEY—SENATE MAJORITY LEADER

Pharmacist/Senator John T. Henley has been unanimously reelected to serve his second term as majority leader of the Senate, North Carolina General Assembly.

Henley is beginning his 10th term in The Assembly, four in the House and six in the Senate.

Pharmacist B. Paul Woodard of Princeton is a member of the House of Representatives, having served in a similar capacity over the past ten years.

PATIENT CARE WORKSHOPS SCHEDULED

Four 2-day workshops entitled "Improving Patient Care Through Improved Drug Therapy" have been scheduled throughout the state:

- March 16-17. Institute of Pharmacy, Chapel Hill.
- March 30-31. Hilton Inn, Winston-Salem.
- April 6-7. Holiday Inn, Greenville.
- April 20-21. Sheraton Motor Inn, Asheville.

The workshops are sponsored by the School of Pharmacy, UNC/CH and co-sponsored by the NCPHA, N. C. Health Care Facilities Association, N. C. State Board of Examiners for Nursing Home Administrators, and N. C. State Nurses Association.

Copies of the program may be obtained from Claude U. Paoloni, Director, Continuing Education, UNC/CH School of Pharmacy, Chapel Hill, N. C. 27514.

RECEIVES DOCTOR OF PHARMACY DEGREE

Bill Taylor, Jr., a graduate of the UNC/CH School of Pharmacy in 1972, received a Doctor of Pharmacy degree from the University of Tennessee at Memphis in December.

He is now associated with the Duke Medical Center.

Prior service includes chief of pharmacy at Fort Yuma Indian Hospital, Fort Yuma, Arizona, and chief resident in clinical pharmacy at Buffalo General Hospital, Buffalo, New York.

CARRBORO—THE FRIENDLY CITY

A note of caution if you head west out of Chapel Hill thru Carrboro.

As you proceed west on West Rosemary Street, the Chapel Hill 35 mile signs drop to 25 about 100 yards from the Carrboro line, then 20 miles in Carrboro.

Recently, one of our pharmacists was stopped for speeding 33 miles as he crossed the line into the Carrboro 20 mile zone. The cost: \$87.00.

IN RETIREMENT

F. A. McCrackin of Wilmington, formerly staff pharmacist at New Hanover Memorial Hospital, has retired from the hospital due to ill health.

The McCrackins will continue to make their home in Wilmington, 221 Pine Valley Drive.

FIRE DESTROYS KELLY RESIDENCE

A pre-Christmas fire which originated in the Hunter Kelly garage attached to the Kelly home in Durham did extensive damage to the residence.

The Kelly family has set up temporary quarters nearby while their home is undergoing repair. Mr. Kelly is director of pharmacy at Murdoch Center and the Butner Alcoholic Rehabilitation Center, Butner.

MEDICAID REPORT

The EDS Medicaid Rx Service checkwrite the first week in January totaled \$965,676.93 covering 161,502 prescriptions billed on 61,171 claims.

Additional checkwrites are anticipated in January.

TO HEAD WILSON ORGANIZATION

Marion M. Bain, Herring's Fairview Pharmacy, Wilson, has been elected President of the Wilson County Pharmaceutical Association.

The immediate past president is John Martin.

Why become a robbery statistic?

by Thad L. Weber, Security Consultant, SK&F Laboratories

The Prognostication. Contrary to the opinions of wishful thinkers, statistics are what happens to you and me, under *average* conditions. And, in line with recent studies of crimes against pharmacies, the statistics predict:

- Your store will be the target of an armed robber at least once in the next 6 years.
- The robber will most likely attack after 6:00 p.m.
- Money will be the attacker's primary objective.
- In 3 out of 4 attacks, the criminal will escape and will not be apprehended or convicted.
- The odds you will get the stolen money or property back are less than 1 in 100.
- One in 20 shopkeepers will be injured or killed in such attacks.

And before you apply any educated guess to these statistics, let's make it clear that these crime rates, while higher in urban environments, are rapidly climbing in suburban areas and apply equally to independently owned or chain pharmacies.

Changing the Odds. While you cannot escape becoming a part of the crime statistics, you can *deter* robbery attacks by applying security measures that make for "short odds" the criminal can't stomach. The most effective crime prevention program is one which is within your business necessity budget, includes physical and/or electronic security devices, and effective security procedures—all custom-tailored to best suit your needs. Therefore, the following suggestions are intended simply to serve as a shopping list from which

you can select your security-against-robbery menu.

Detering Escape. In addition to the use of electric door lock releases, improved visibility and special lighting, to be discussed in a future column, robbery planning may be discouraged when escape routes are limited or impeded by:

- Installing security bars on rear or side window openings.
- Restricting all "visitors" to the customer retail area (so they can't size up the ease or difficulty involved in leaving through any existing emergency exit).



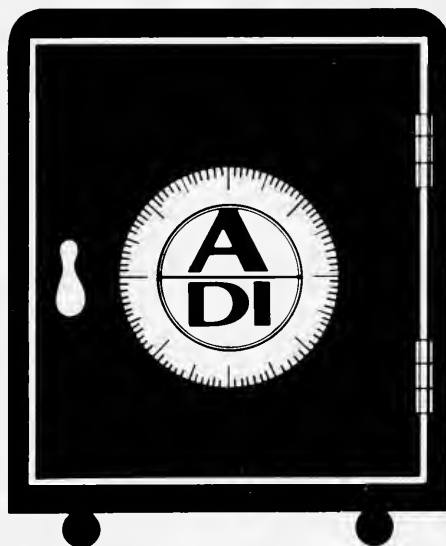
Thad L. Weber

- Exit turnstiles which slow down departure.
- Barriers or gates which obstruct efforts to move behind the counter.
- "Dead" locks on all doors not required as fire emergency exits.

Smile—You're on Candid Camera. Many retailers, even those in the high-

(Concluded on Page 14)

Be **safe**



not sorry with ADI protection!

You will be safe with ADI's special pharmacist multi-peril, one-policy insurance protection! For store owners and employed. It can provide professional and malpractice liability plus as many other coverages as you may need. All at very competitive rates.

ADI is the insurance company recommended by the North Carolina Pharmaceutical Association. Be safe, not sorry. Contact your ADI agent now.

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AMERICAN DRUGGISTS' INSURANCE CO.

30 East Central Parkway, Cincinnati, Ohio 45202

1976—A LOOK AT THE RECORD

NEW PHARMACIST MEMBERS OF THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION**THE RECORD IN RECENT YEARS**

1969—	92
1970—	133
1971—	124
1972—	131
1973—	134
1974—	120
1975—	143
1976—	180

TOTAL MEMBERSHIP—JANUARY 1, 1977

N. C. Pharmaceutical Association	1704
Woman's Auxiliary, NCPHA	405
Traveling Men's Auxiliary, NCPHA	214
Student Branch NCPHA	302
TOTAL	2625

CONSOLIDATED PHARMACY FUND—1976

Provides non-interest loans to pharmacy students repayable after graduation

Loans in 1976: 120

Dollar value of Loans: \$21,465

Loans repaid in 1976: \$8,957

Current loan total: \$42,205

Contributions added to Fund in 1976: \$6,993.59 including \$2000 from four Burroughs Wellcome prize winners, \$2000 from Woman's Auxiliary, NCPHA, \$500 each from Cornwell Drug, Justice Drug, Gary Newton (American College of Apothecaries Fund) and a number of \$100/\$200 contributions.

INSTITUTE OF PHARMACY KITCHEN REMODELING—1976

Entire cost (\$4,688.84) paid by Woman's Auxiliary, NCPHA

A \$500 Amana Touchmatic Radarange Microwave Oven was contributed by Mr. and Mrs. B. Cade Brooks of Fayetteville.

VIVIAN S./W. J. SMITH CELEBRATION FUND

Total contributions received: \$5,665.00

A member of the NCPHA Executive Committee contributed \$1000 "for the advancement of N. C. Pharmacy."

NEW MEMBERS—NCPHA—1976

151. Joel Collins Glasson, Durham
152. Egbert M. Herring, III, LaGrange
153. Helen E. Hoover, Durham
154. Dianne C. Ponder, Durham
155. Randy Riddle, Bakerville
156. Thomas L. West, Roseboro
157. Earl D. Mann, Greensboro
158. Lloyd Adrian Jordan, Asheville
159. Tricia T. Williamson, Gastonia
160. John R. Uhrin, Winston-Salem
161. Donald R. Thrower, Belmont
162. James B. Brannon, Chapel Hill
163. Patricia Reaves, Hendersonville
164. Timothy D. Wall, Burlington
165. Chris L. Schuyler, Charlotte
166. Sandra Norris Nance, Whiteville
167. Kenneth Keever, Plymouth
168. William R. Futrell, Jr., Jackson
169. Neil McPhail, Lillington
170. Brew, Stroud O., Jr., Durham
171. Susan Gibbs Lail, Morganton
172. Johnnie Annette Hicks, Pikeville
173. Joseph R. Salem, Jr., Raleigh
174. Candice Brown Teeter, Raleigh
175. William L. Brady, III, Lumberton
176. Angela L. Gray, Havelock
177. Nick V. Holland, Chapel Hill
178. Gail L. Mason, Durham
179. Debbie Moore Edwards, Kenly
180. Lee Werley, III, Concord

NEW NCPHA MEMBERS—1977

1. Rheta E. Skolaut, Durham
2. Clifford R. Butler, Chapel Hill
3. Margaret M. Hartis, Winston-Salem
4. Tamara M. Mitchener, Charlotte
5. Loretta Carraway, Windsor
6. Bobbie S. Barbrey, Raleigh
7. Russell G. Sigmon, Jr., Conover
8. Kathryn Edwards, Raleigh
9. Ruth T. Wright, Flat Rock
10. Maryellen Holt, Burlington

INVESTMENT RETURN

For the year 1976, every membership dollar received by the NCPHA generated another dollar. The matching dollar came from commissions, dividends, advertising, contributions, etc.

Good...you bet it is!

COMING

GEER'S 1977 TRADE

and GIFT SHOW

CHARLESTON, S. C. — JULY 24, 25, 26

SPARTANBURG, S. C. — JULY 31, AUGUST 1, 2

**We hope to see you at
our largest and best ever!**

THE GEER DRUG COMPANY

1977 CONVENTION

1977 ANNUAL CONVENTION

**NORTH CAROLINA PHARMACEUTICAL ASSOCIATION & AFFILIATED AUXILIARIES
SUNDAY-MONDAY-TUESDAY, APRIL 24-25-26**

CONVENTION HEADQUARTERS: HOLIDAY INN FOUR SEASONS

3121 High Point Road at I-40
Greensboro, North Carolina 27407
(919) 292-9161, Extension 167 or 168

FOR INFORMATION CONCERNING BANQUET/MEETING FACILITIES:

ROSE MARIE FEWELL, DIRECTOR OF SALES

Since all of the room facilities at Holiday Inn Four Seasons for April 24-25-26 have been reserved by the North Carolina Pharmaceutical Association, write or call:

N. C. Pharmaceutical Association
P. O. Box 151
Chapel Hill, North Carolina 27514
(919) 967-2237

W. J. Smith, Executive Director

for room reservation form (more than 2000 copies of the form are being mailed to members of the NCPHA and Auxiliaries).

CONVENTION MANAGER AND NCPHA REGISTRAR:

A. H. MEBANE, III

Business Address— Elm Street Pharmacy, Inc.
376 North Elm Street, Greensboro, NC 27401
(919) 272-7139
Home Address— 512 Audubon Drive, Greensboro, NC 27403
(919) 299-9490

MEMBERSHIP—JANUARY 1, 1977

N. C. Pharmaceutical Association	1704
Woman's Auxiliary, NCPHA	405
Traveling Men's Auxiliary, NCPHA	214
Student Branch, NCPHA	302
TOTAL	2625

The straighter they talk, the better things get.



Fred M. Eckel, R Ph., Assoc.
Professor of Hospital Pharmacy
Chapel Hill, N.C.



Sam McConnell, Jr., R Ph
Community Pharmacist
Scottsdale, Arizona



John Spicer, R Ph
Community Pharmacist
Fowler, Michigan



Al Rosica, R Ph
Community Pharmacist
Cherry Hill, New Jersey



Don F. Gould, R Ph., Chairman
of the Board, Gould Drug Company
Mt. Pleasant, Michigan



Bill H. Hotelling III, R Ph., Director
of Pharm. Services, Children's Hosp.
National Medical Center, Wash., D.C.



Newell Hall, R Ph., V.P. and Director
of Prof. Relations, Hook Drugs, Inc.
Indianapolis, Indiana



Taylor H. Jobe, R Ph
Community Pharmacist
Gladewater, Texas



Tom C. Sharp, Jr., R Ph
Exec. Sec., Tennessee Pharm. Assoc.
Nashville, Tennessee



Lawrence C. Weaver, Ph D., Dean
College of Pharm., Univ. of Minnesota
Minneapolis, Minnesota

These days, any company that depends on "yes" men for advice is riding for a fall.

At Upjohn, the views of pharmacy are important to us.

These ten leaders on our 1976 Pharmacy Consultant Panel have provided us with an invaluable service.

They provide their views on a variety of matters — professional and operational — giving us their candid opinions.

For this, we are sincerely grateful.

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Kalamazoo, Michigan
Upjohn

TAR HEEL DIGEST

LUMBERTON

The pharmacist manager of the newly opened Hermitage Drug Store is Andrew P. (Andy) Thorndyke, a 1972 graduate of the UNC/CH School of Pharmacy. The pharmacy is owned by Hubert Rogers.

WARSAW

James Weatherly, Warsaw Drug Company, has been named to the Warsaw Town Board.

WADESBORO

Hudson Lee, former manager of Tollison's Pharmacy, has joined W. H. King Drug Company as a representative in Anson, Union, Mecklenburg, Stanly, Cabarrus and Rowan counties. He was manager of Fox & Lyon Drug Store, Wadesboro, for ten years.

SHALLOTTE

James M. Watson, a graduate of Mercer University School of Pharmacy, has joined the staff at Thomas Drugs. He served as assistant chief pharmacist at Georgia Baptist Hospital, Atlanta, prior to accepting the Shallotte position.

FAYETTEVILLE

Cade Brooks, Fayetteville Drug Company, has been appointed to a 12-member Downtown Fayetteville Revitalization Commission.

MARS HILL

Pharmacist William P. Powell has been named to the 21-member Western Economic Development organization. The owner and manager of Community Medical Center, Powell is mayor of Mars Hill.

HENDERSON

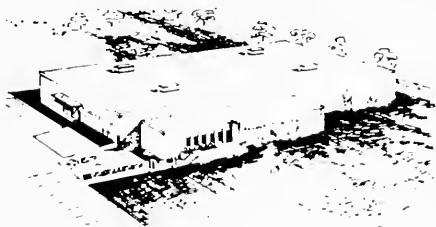
The ceiling of Revco Drug Store caved in with damage to the interior of the pharmacy.

KANNAPOLIS

President of the Midway Merchants Association is Denford Oxentine of Baxter's Pharmacy.

WEST JEFFERSON

Paul B. Fulcher, formerly employed in Hazelwood at Hazelwood Pharmacy, has joined the staff at Ray's Drug Store.



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President

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Vice President



Quaint? Well, in the year 2052 A.D. how old-fashioned will today's pharmaceutical manufacturing facilities seem?

Make no mistake: seventy-six years ago there was nothing quaint or nostalgic about Dr. W. C. Abbott's granule manufacturing operation. At the turn of the century, when this photo was taken, this was as modern a pharmaceutical producing facility as could be found anywhere in the world.

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phase of every product made by Abbott Laboratories . . . now more than a half dozen divisions, nationwide, worldwide, with sales exceeding a billion dollars annually.

Chances are that in the fifties . . . the *twenty-fifties* . . . they'll be showing quaint, nostalgic photographs of what we see as today's sleek, computerized pharmaceutical manufacturing facilities. They'll seem hopelessly primitive to the pharmacists and the physicians of that future era. But traditions . . . Abbott traditions . . . being what they are, we're confident that those pharmacists and physicians can look to Abbott quality just as folks did in the good old days of the nineteen-seventies.



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UNC PHARMACY SCHOOL

ECKEL PHARMACY SPEAKER

Associate Professor, Fred M. Eckel, Head, Division of Pharmacy Practice, UNC School of Pharmacy, was the guest speaker at the joint meeting of the Greater Chicago Chapter of the Illinois Pharmaceutical Association and Northern Illinois Society of Hospital Pharmacists on January 5. Eckel's topic was EFFECT OF PORTLAND DECISION ON PHARMACY PRACTICE.

MIYA APPOINTED COMMITTEE CHAIRMAN

Dr. Tom S. Miya, Dean, UNC School of Pharmacy, has been appointed for a one-year term, Chairman of the Toxicology Information Committee of the National Research Council, National Academy of Sciences, Assembly of Life Sciences.

STUDENT BRANCH

Robert Greenberg, Legal Counsel for the American Society of Hospital Pharmacists, was guest speaker at the January 12 meeting of the Student Branch of the NCPHA/APhA.

Subject of Mr. Greenberg's 30-minute presentation was "Unions in Pharmacy—Pros and Cons". Mr. Greenberg pointed out the ASHP has no standard policy in respect to unions but is available to hospital pharmacy organizations, on request, for consultation. ASHP recommends the formation of Economic Status Committees at the local level to negotiate professional and economic packages where indicated. ASHP suggests inclusion of a "no strike clause" in packages negotiated by hospital pharmacists.

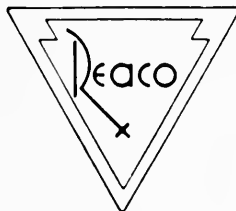
More than fifty members of the Branch, including members of the Durham-Orange Pharmaceutical Association, attended the meeting which was held in Beard Hall of Pharmacy, Chapel Hill.

DEAN MIYA ASSUMES POST

The newly appointed Dean of the School of Pharmacy, UNC/CH, Dr. Tom S. Miya, assumed his official responsibilities at the School on January 1.

For the time being, Dr. and Mrs. Miya have rented an apartment; later will occupy a residence in Chapel Hill.

The entire faculty of the School spent three days—January 17-19, at Quail Roost Farm, Durham, for a comprehensive discussion of matters involving decision-making on the part of the dean and the faculty.



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DISASTERS

McLarty Drug Company, High Point—Burglars cut a hole in the roof of the pharmacy, then lowered themselves inside by a rope attached to a pipe on the roof. Taken: About 8000 capsules of assorted drugs.

Eckerd's Drug Store, Albemarle—Three Albemarle young people were arrested and charged with breaking, entering and larceny of approximately \$900 worth of drugs from the pharmacy.

Eckerd's Drug Store, Mount Airy—A post-Christmas breakin at the drug store netted thieves about \$600 in merchandise. The only type drugs stolen was antibiotics.

Blue Ridge Pharmacy, North Wilkesboro—Merchandise valued at more than \$1000 and \$1,500 in checks were stolen from the pharmacy in a mid-December breakin.

Kerr Discount Drugs, Lake Boone Shopping Center, Raleigh—\$400 in barbiturates and amphetamines taken by someone who apparently was locked in when the pharmacy was closed.

Park's Rexall Drug Store, Davidson—Robbed at gunpoint by a man who pulled a stocking down over his face and forced employees to surrender cash and wristwatches; owner gagged and telephone pulled from the wall.

WHY BECOME A ROBBERY STATISTIC?

(Continued from Page 5)

est risk and crime areas, have reduced their robbery exposure by installing:

- Closed circuit TV.
 - Automatic surveillance cameras.
- Reduce the Target Size.** Since money is the primary objective, the would-be attacker who observes that little money is kept in a readily accessible cash register is likely to look elsewhere for his victims. And you can make up his mind for him by:
- Making frequent bank deposits over busy street routes during normal business hours.
 - Conducting business for check or credit card payments only during restricted evening hours.
 - Installing small money drop safes secured in concrete or firmly affixed to the building structure (so they can't be carted away) and establishing procedures wherein employees working alone or at night do not possess keys or combinations to such safe locks.

- Scheduling armored car company pickups if the cash flow is a large one.

And remember, whatever you do to reduce the amount or accessibility of cash on hand, you must, as do others, "advertise"—notices such as, "Exact change or credit cards" are signs of the times, which you should adopt or adapt to suit your security needs against robbery.

Speedy Police Response Is a Deterrent. And while you can't control this factor, the *presence* of fixed and wireless silent holdup alarm signal devices is a *deterrent* to the robber since he recognizes that activation of a device *may* bring police to the scene before he can escape.

In a future column we'll discuss hold-up alarm systems in detail, but meanwhile, if you use a holdup alarm system, make sure there are decals on the entry door to alert the criminal to his danger!

NEXT MONTH: CUSTOM-TAILORED DETERRENTS

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PHARMACY CALENDAR

January

- 5 Holiday Inn, Greensboro. Convention Planning Session.
- 9 Institute of Pharmacy, Chapel Hill. NCPHA Committee on Delivery of Pharmaceutical Service.
- 12 School of Pharmacy, UNC/CH. Robert Greenberg, Legal Counsel, American Society of Hospital Pharmacists. Joint Student Branch and Durham-Orange Pharmaceutical Association meeting.
- 16 Country Club, Greensboro. Meeting of TMA officers and directors. Convention Planning.
- 16 Institute of Pharmacy, Chapel Hill. Meeting of officers/directors N. C. Pharmacy Political Action Committee.
- 16 Eden, North Carolina. Meeting of Rockingham County Society of Pharmacists. NCPHA President Tom Burgiss and UNC/CH Pharmacy Dean Tom Miya, guest speakers.
- 18 Fayetteville, N. C. Meeting of Cape Fear Pharmaceutical Society. NCPHA President Tom Burgiss, guest speaker.
- 19 Institute of Pharmacy, Chapel Hill. Meeting of Executive Board, Woman's Auxiliary.
- 26 Institute of Pharmacy, Chapel Hill. Meeting of Pharmaceutical Associates.

February

- 2 School of Pharmacy, UNC/CH. Meeting of Student Branch. Jesse Pike, Jr., guest speaker.
- 6 Institute of Pharmacy, Chapel Hill. NCPHA Committee on Public & Professional Relations.
- 10 Meeting of Durham-Orange Pharmaceutical Association.
- 15 Institute of Pharmacy, Chapel Hill. Meeting of NCPHA Executive Committee.
- 16 Institute of Pharmacy, Chapel Hill. 11th Annual Seminar on Socio-Economic Aspects of Pharmacy Practice.

AND THAT'S THE WAY IT WAS

What athletic-minded pharmacist, determined to watch the Tar Heel basketball team play in the Greensboro Coliseum, advertised in The Washington Post for two tickets?

The cost: \$45.00. Result: Two tickets.

JIM'S GEM

(From Jim Harrison's Friday Night Elixir)

Since you cannot refrain from drinking, why not start a saloon in your home? Be the only customer and you will not have to buy a license.

Give your wife \$55 to buy a case of whiskey. There are 240 snorts to a case. Buy all your drinks from your wife at 60 cents a snort and in 12 days, when the case is gone, your wife will have \$89 to put in the bank and \$55 to start up in business again.

If you live 10 years and continue to buy all of your booze from your wife, then die in your boots from the snakes, your widow will have \$27,085.37 on deposit, enough to bury you respectably, bring up your children, pay off the mortgage on the house, marry a decent man, and forget she ever knew you.

NORTH CAROLINA BEST: TOP 3 C's

Two Tar Heels were discussing North Carolina foods with varying opinions being expressed. Finally, to settle the matter, a \$5 bet was set up with winner to be judged by interested observers.

Contestant #1 listed catfish, collards and chicken as his choice whereby Contestant #2 stepped forward and knocked Contestant #1 to the ground.

"Why did you do that", protested Contestant #1. "You didn't leave me anything to say," responded Contestant #2.

WATER—WE HAVE PLENTY

Chapel Hill was short on water during the fall but no longer—water is flowing over the dam which contains Chapel Hill's water supply. So, if interested, bring bucket.

PIKE JOINS NDC

Jesse M. Pike, Jr. of Concord has accepted a position with National Data Corporation of Atlanta to direct the development of a pharmacy computer program system for drug firms.

Pike, who holds degrees in communications and pharmacy, began his duties with NDC on February 1st.

\$100,000 LAWSUIT

A pharmacist, a dentist and the Medical Park Pharmacy of Winston-Salem are named as defendants in a \$100,000 lawsuit filed in Forsyth Superior Court.

An employee of the N. C. School of Arts charges that some medication bought at the pharmacy "caused her teeth to turn black".

DAVIS SERVICE RECORD HONORED

In recognition of 31 years of service as a member of the Martin County Board of Health and later as a member of the District (Martin, Tyrrell and Washington Counties) Board of Health, David R. Davis, Sr. of Williamston is the recipient of an inscribed plaque recently awarded to him.

It was during Pharmacist Davis' board chairmanship that the 3-county district board was organized. His successor on the district board is his son, Dave, Jr., now associated with his father in the operation of Davis Pharmacy.



**MEETING OF THE COMMITTEE ON CONSUMER AFFAIRS,
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION,
INSTITUTE OF PHARMACY, CHAPEL HILL, NORTH CAROLINA.
WEDNESDAY, DECEMBER 15, 1976**

MEMBERS PRESENT:

C. Michael Whitehead, Ramseur,
Chairman
Nicholas R. Gross, Jr., Lake Waccamaw
Bill Mast, Henderson
Frank P. Purdy, Dunn

GUEST:

Dr. Jean Paul Gagnon, Chapel Hill

SECRETARY:

W. J. Smith, Chapel Hill

Chairman Whitehead introduced Dr. Jean Gagnon of the UNC School of Pharmacy who gave a report on the North Carolina Prescription Consumer Survey he conducted this fall. The survey was funded by a grant from Eli Lilly & Company. Approximately 200 pharmacies across the state elected to participate. Individual reports to each participating pharmacy will be available very shortly. These pharmacies can use this data in their decision making and store policies which affect consumers. Dr. Gagnon is scheduled to present the complete report at the 1977 Annual Meeting of the North Carolina Pharmaceutical Association, Greensboro, April 24-26.

Committee member Purdy brought up for general discussion the issue of Senior Citizens' discounts and other consumer promotions being conducted by both independent and chain pharmacies. Ideas, both pro and con were exchanged.

Mr. Smith presented for discussion examples of prescription advertising "Gimicks" being reported to his office in the last several weeks. The committee agreed that this type of prescription advertising had the potential for an erosion of consumer confidence in the pharmacy profession.

RECOMMENDATIONS:

1) To publicize and stress the valuable data

contained in the N. C. Prescription Consumer Survey after Dr. Gagnon gives his presentation to the NCPHA Convention.

2) To urge pharmacists in N. C. to study the N. C. Prescription Consumer Survey results and to use this valuable data in the operating of their pharmacy.

3) To recommend to the NCPHA Executive Committee that Dr. Jean Gagnon be retained as a consultant to advise members interested in establishing new pharmacies or relocating existing pharmacies.

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and every pharmacist who dispenses it.

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This agreement is not applicable if **Geigy** Pharmaceuticals determines that there is evidence of any improper or negligent statement or act, or omission to act, by the pharmacist, or his employer, or if **Geigy** Pharmaceuticals determines that there is evidence that the product has not been properly stored or properly dispensed.

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PLAN II: \$30,000 Maximum Benefit including \$50 Daily Room Limit
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NORTH CAROLINA PHARMACY STUDENT EMPLOYMENT SURVEY

Compiled by Beverly DuPree & Marcia Creech
with assistance of Jean P. Gagnon, Associate
Professor, School of Pharmacy, UNC/CH

The Student Employee Questionnaire was given with the intent to determine the working conditions of pharmacy students during summer employment. The questionnaire was designed to provide information ranging from working conditions to fringe benefits. This survey provides the non-working pharmacy student with information that will be beneficial to him when seeking summer employment.

The questionnaire was given to the 2/5, 3/5, 4/5, and 5/5 Classes of the UNC School of Pharmacy. To enhance student response, the questionnaires were distributed during class periods. The courses were chosen according to the number of students enrolled from each class.

Funds for having the questionnaire printed were provided by the North Carolina Pharmaceutical Association. The survey was composed of forty-four questions with space provided for comments. After the questionnaires were completed, they were coded for computer analysis.

Out of the 500 students attending classes at the time the survey was given, 339 or 67% of the surveys were completed and returned. The percentages of the 339 students completing the survey from each class were as follows: 2/5-29.6%; 3/5-28.1%; 4/5-25.4%; 5/5-17%. Of the students who took the survey, 54.2% were females and 45.8% were male.

Our survey established that 55.5% of the students have been engaged in some type of pharmacy practice. With such a large percentage of students working, the survey reveals the benefits received by the majority of the students. Only 43.6% of the students, who have not worked, have actively sought employment.

The amount of time the students had worked varied from one summer to four summers. The majority of the students (58.9%) had only worked one summer and the number of students who had worked varies inversely with an increase in years. In addition to summer work, some students (36.9%) have also been employed for one or more semesters. The percentage of students currently practicing in a pharmacy setting is 25.1%.

The results of the survey showed that out of the 339 students, 187 (55%) had worked in some type of pharmacy setting. The different types of settings were: Federal Hospital, Hospital, Community or Independent, Chain, Clinic, or a combination of any of the above. The most popular setting proved to be Community or Independent (24.2%) and Hospital (12.7%). A small fraction (15.5%) of the students, who had worked, did so in more than one setting.

The students, during their summer employment, worked under a variety of conditions. Their hours ranged from less than twenty, up to forty hours per week. An overwhelming majority (87.9%) of the students worked between thirty-one and forty hours per week. Also, the majority of the students (77.1%) were required to work weekends. The number of weekends that the students worked per month ranged from one to four weekends. Most of the students had to work more than one weekend per month.

The average salary received by the students ranged from \$2.30 to \$3.00 per hour. (Table I). Most of the students (78.9%) did not receive a periodic increase in salary. One reason that there were no increases in salary could be due to the fact that 77.9% of the students working did not have their salaries reviewed. Salaries also varied with the 69.1% of the students who worked overtime. More students were compensated for the overtime by receiving regular time and time and a half rather than double time or other ways, while 46.0% received regular time and 45.2% received time and a half. The basis for overtime seemed to be 40 hours per week for a large majority (81.7%), rather than 8 hours per day.

Some of the students working did not receive a lunch break; in fact, a relatively large percentage (11.2%) did not receive a lunch break. The average time for lunch ranged from thirty minutes to one hour. Most everyone received breaks (71.8%) during the day, with the average length being fifteen minutes.

Although students work in a pharmacy, they don't always get to work in the Prescrip-

(Continued on Page 22)

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STUDENT EMPLOYMENT SURVEY

tion Department. Our survey revealed that 21.8% of the students participating did most of their work outside the Prescription Department. Most of the students working (78.7%) felt that they were treated as young professionals, and only 11% felt they were treated as a clerk. When asked if their position changed, 70.8% answered no to the question.

An extreme majority (97.1%) of the students reported they had good relationships with their preceptors and that they were almost always willing to be of assistance. Of the students who were allowed to dispense prescriptions, 79.5% were closely checked by the pharmacist. The preceptor also helped 81.8% of the students learn the pricing system. The good relationships between the preceptor and the student probably led to the high percentage of students who were allowed to take phone prescriptions, encouraged to compound, and who were able to consult with patients. These percentages were 66.1%, 87.2%, and 71.9% respectively.

Not all students received any special benefit from their employer. Although all benefits listed on the questionnaire were received by some students, the discount benefit was the only one received by a majority. The percentage of students who received commissions was the lowest (8.9%). Other benefits included: liability insurance, hospital insurance, other insurance, paid vacation, non-paid vacation, paid sick leave, non-paid sick leave, bonuses, and professional attire provided. (Table II).

Summer jobs do not always lead to future employment for the student. The percentage of students who felt that they were not guaranteed later employment was 58.1%. The students still seemed to have a positive attitude about their work. The survey revealed that 95.5% of the students working agreed that their employment was helpful in their studies. (Table III).

In conclusion, this survey shows a bright outlook for future students involved in summer employment. The working conditions, as a whole, are good. The student is basically treated as a young professional, and gains valuable experience with good student-preceptor relationships. The survey concluded that a large number of students definitely consider the program to be a helpful experience.

TABLE I
WAGE PER HOUR

	Number of Students	Adjusted Frequency (Percentage)
Less than \$2.30	43	25.6
\$2.31-\$3.00	100	59.5
\$3.01-\$3.50	20	11.9
\$3.51-\$4.00	5	3.0
Total	168	

TABLE II
BENEFITS

	Total	Yes	%Yes	No	%No
Insurance					
Liability	176	19	10.8	157	89.2
Hospital	176	17	9.7	159	90.3
Other	176	9	5.1	167	94.9
Paid Vacation	176	26	14.8	150	85.2
Non-Paid Vacation	176	65	36.9	111	63.1
Discounts	176	121	68.8	55	31.3
Paid Sick Leave	176	26	14.8	150	85.2
Non-Paid Sick Leave	176	33	18.8	143	81.3
Bonuses	176	37	21.0	139	79.0
Commission	176	14	8.0	162	92.0
Professional Attire Provided	176	27	15.3	149	84.7

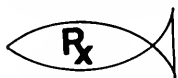
TABLE III
HELPFUL EXPERIENCE

	Number of Students	Adjusted Frequency (Percentage)
No	8	4.5
Yes	170	95.5
Total	178	

SPEED

ORDER SYSTEM

"Smith Portable Electronic Entry Device" is the key to a computerized ordering system that offers profitability by: increasing cash flow, improving in-stock position, eliminating stockroom inventory, up-to-date price control and maintenance, increasing employee productivity, reducing order writing and call in time up to 70%, error free, and receiving better discounts on speed orders. The discount you earn is on each invoice. There is no rebate to be audited monthly.



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SMITH WHOLESALE DRUG COMPANY INTRODUCES NEW SPEED SYSTEM

SPEED is the name of the game, according to Smith Wholesale Drug Company, Spartanburg, S. C., which has announced the introduction of its new "SPEED System" for pharmacies, large and small.

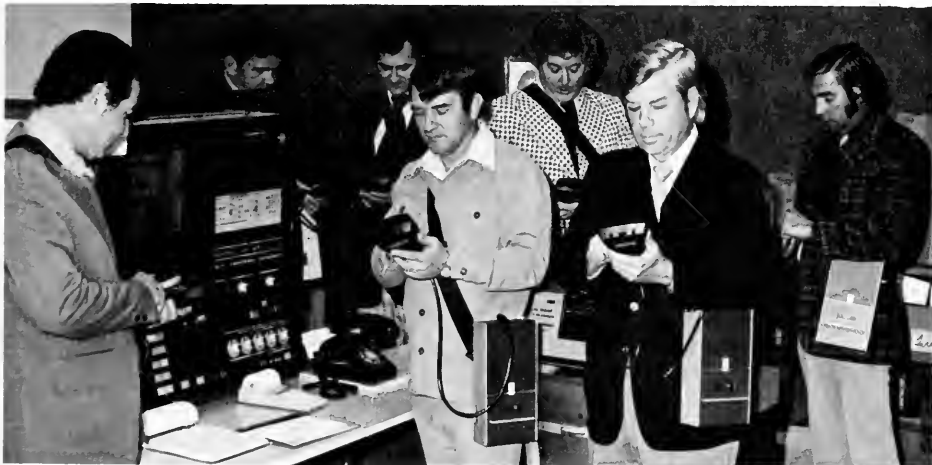
SPEED stands for Smith *Portable Electronic Entry Device*. As explained by Bill Shelley, Executive Vice President of the Spartanburg-based drug wholesaler, SPEED is the key to a computerized store management system that offers profitability through increasing cash flow; improving in-stock position; eliminating stockroom inventory; up-to-date pricing control and maintenance; increasing employee productivity; reducing order writing and call-in time up to 70%, and receiving better discounts on SPEED orders.

Exactly what is this electronic entry device? Simply put, it is a lightweight handset with a large easy-to-read 12 character display panel connected to a cassette recorder-sender. After data is collected, it can be transmitted electronically over standard telephone lines to Smith's computer for order processing at the rate of 600 order lines per minute.

Shelley points out that retail pharmacists particularly liked the SPEED unit because it allows quick and accurate recording of stock numbers, and quantities, either at the stock location or a central work station. The device is designed to prevent most recording errors and it allows *ready review* of items recorded. When an order is complete, it may be quickly transferred by phone to the Smith computer.

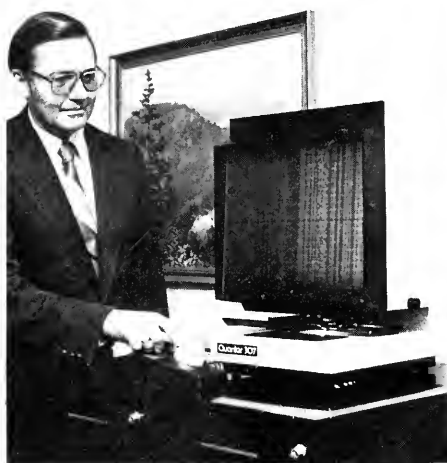
The busy retail pharmacy owner or manager can use the SPEED system in numerous ways to help him in his daily business. "You can use it for accounts receivable, payroll, inventory, Medicaid or other 3rd party collections—in fact, just about anything that can be transmitted to our computer via numbers," said Shelley.

Shelley makes the prediction that within the next few years practically every pharmacy will be working with a computer in some fashion. If you are interested in learning more about the SPEED system, you are invited to visit Smith Wholesale Drug Company in Spartanburg at Wofford and Forest Streets, or contact any Smith representative. Full information on installation, cost and related information will be given to any pharmacist without any obligation.



Smiths Sales Department demonstrates their Smith *Portable Electronic Entry Device*—SPEED. This new ordering system is the key to computerized store management. In addition to ordering, SPEED will be used for third party collections, accounts receivables, payroll and inventory. SPEED orders are transmitted electronically over standard telephone lines directly to Smiths computer at the rate of 600 order lines per minute.

Left to right above: Boyce Taylor, Gary Humphries, Carrol Riddle, Gene Greene, Don Weathers, Frank Milstead and Wallace Smith.



"SPEED" orders are transmitted directly to Smiths computer using an acoustic coupler. Smiths **"Pharmafiche"** is a visual reference system on all items stocked. Bill Shelly demonstrates above.



Smiths efficient warehouse personnel process **SPEED** orders that have been sequenced by location. Each order is carefully picked, checked and packed for shipment. Price stickers can be put on each item before shipment as an optional service. Photo shows Kathy Lawter processing one of these orders.



Smith telephone order processors review all picking copies to assure accurate invoicing. Mary Quinn is shown reviewing and making changes on one of Smiths 3270 terminals.



Smiths unique shelf labels, price stickers and invoices are processed as the merchandise is being packed for shipment. Left to right: Carol Self, Virginia High, J. M. Smith, Jr.



Smiths truck drivers deliver your SPEED order, usually the same day ordered. Pictured left to right: Holland Shields, Drury Wood, Johnny Shehan, Clarence Boyter, Lee Wood.

OUR ACTIONS MUST SPEAK LOUDER THAN OUR WORDS

by George P. Hager, Professor
School of Pharmacy, University of North Carolina

Somehow pharmacy has not really learned this lesson that is so basic not only to its viability but to its very survival. In pharmacy, we place steadfast confidence in some leaders who persistently repeat quite serious errors and stubbornly promote primarily their own pet causes until—finding that we can't *beat* them—we *join* them. We *allow* them to ruin what we *know* they can't run.

Courageous, forward-looking, unselfish leadership is one of the most important of our expectations as pharmacists—and, it is, certainly, a very appropriate expectation, not of us pharmacists only, but laymen, as well, and other health professionals who *sorely need* the services that we as pharmacists uniquely can render.

I feel sure we can all call to mind some leaders whose performances fall far short of our reasonable expectations. The paragons of inept leaders, however, are (1) those who turn deaf (perhaps swollen) ears to the subtle truism especially applicable to the pharmacists' marketplace: "drugs *not only* cost, they also (when properly used) *save*" or cost-benefits are *more important* than costs alone; (2) those leaders who only sleepily nod agreement with the Study Commission on Pharmacy that pharmacy—whatever it may have been in the past—is *now* "Basically a *knowledge system* which renders a *health service* by concerning itself with *understanding drugs and their effects upon people*"; (3) those leaders who cannot conceive of the pharmacist as an essential health *scientist*—and not merely an essential practitioner—and essential health scientist at the bedside elbow-to-elbow with the physician (a colleagueship of greatest importance in this age of potentially great benefits and potentially equally great hazards as the drug therapy component of total patient care becomes increasingly important and sophisticated).

We must, in my judgement, spawn and support leaders for the profession who are not so preoccupied with economic trees (important though the economic trees are) that they fail to see the forest of needs for pharmaceutical services—leaders who are not deaf to our pleas for more significant roles as we apply our "knowledge system" diligently and *aggressively* in pharmaceutical health services for our fellowmen—leaders who are not dumb—certainly not deaf or insensitive—either in perceiving our highest professional and scientific expectations nor reluctant to orchestrate their fulfillment—in short, leaders who are not blind to the evidence of things most of us can see (albeit sometimes somewhat dimly) and who are not fainthearted in striving for the substance of those things for which all of us earnestly hope. I'm talking about leaders who really have *faith* in the pharmacy profession and its ranks.

I earnestly hope that, unlike some in our profession, I never get so old nor so complacent that my reach falls short of my grasp. I am troubled by some of our colleagues whose professional pharmaceutical expectations seem to be so low-keyed or so out-of-keeping with our own professional individuality in order to behave as "junior doctors" (aloof, I may add, from their "traditional" pharmacist associates), I am certain that very soon they will come to a full realization of the wisdom of the ancient axiom—"a shoemaker must stick to his last." I would paraphrase this by saying that sticking to one's own "last" is likely to be far more *lasting* than trying to mimic the model of some other profession. I, for one, believe that the professional pharmaceutical aspects of what, hopefully in time, will emerge as *comprehensive drug therapy*—a concept still to be properly defined—is a role sufficient unto itself and as "clinical" as anyone could wish. The pharmacist's mission need not be supplemented by the pharmacist's infringement on the roles of other health professionals. Rather, it is one whose integrity that we, in turn, must zealously and jealously maintain against amateurish inroads by other professionals and pseudo-professionals and unprofessionals.

Abstract of an address by Dr. Hager at a Federal Pharmaceutical Services Seminar, sponsored by The Association of Military Surgeons of the United States, San Antonio, Texas.

Proper professional recognition of the pharmacist in his own right, cannot be demanded or legislated. It must be commanded by our performance—our actions must speak louder than our words.

Important as the proper recognition of the pharmacist as a *clinical* practitioner is, I personally am somewhat distressed by one of the by-products or spin-offs of the activities that are leading toward that recognition. I am referring again to the maverick apothecary whose snobbish use of the first person singular (and all that implies) must be as offensive to his pharmacist colleagues whom I think he is betraying as to his physician teammates whom, certainly on many occasions, he is disgusting, and to his patient subjects whose urgent *pharmaceutical* needs he tends to subordinate in favor of more glamorous activities that are higher among his personal priorities.

Perhaps the difference between an adversary and a colleague relationship between the physician and the pharmacist is a frame of mind, at least to some extent. Not long ago I reviewed a manuscript submitted by one who would claim to be a clinical pharmacist with emphasis on "clinical." He stated:

"The pharmacist must first define the problem, then set a therapeutic goal or end-point of treatment, weigh the possible therapeutic modes, and select the best treatment plan. Then he must choose and monitor the parameters needed to evaluate the patient's response to therapy, and either determine when the therapeutic goal has been achieved or discover why the treatment failed."

A solo operation of the pharmacist through the five steps mentioned by this author is, in my judgement, the wrong scenario—unquestionably very offensive to most physicians and in all likelihood unacceptable by most patients. If the author would view himself as a partner—a colleague or extender—of the physician, I believe he would be able to state his case in a way that the physician would welcome and the patient willingly accept:

The pharmacist, working closely with the physician, would perform a very important role in definition of the problem that should be the target of drug therapy. Together, they should then set a therapeutic goal or end-point of treatment, weighing the possible

therapeutic modes and options and selecting the best treatment plan. Choosing and monitoring the parameters needed to evaluate the patient's response to therapy, ultimately determining when the therapeutic goal has been achieved, or discovering that the treatment failed and why require the close cooperation of the physician and the pharmacist and diligent efforts by each of them.

I believe that the physician's expectations and the patient's needs (frequently at variance with his expectations) conduce to a *partnership* unashamedly harped on in other addresses I have been privileged to make to this Pharmacy Section or its members in other forums. The efforts of the physician and the pharmacist, when properly coordinated, operate synergistically for the good of the patient vis-a-vis his real health and medical care needs. When the *patient* recognizes this fact—and, in this age of consumerism, he will certainly eventually recognize it—I predict that the partnership of the physician and the pharmacist will be welded into a reality that, probably more than anything else, will help to fulfill the expectations—indeed the fondest hopes—of the patient, of the physician, and of the pharmacist. Regardless of the risk inherent in predicting, I contend the physician-pharmacist couple will bring into being the best and, as well, the most economic health and medical care for the people of our country—a right of citizenship that, at present, seems to be handled like a football between goals that are more directly related to the press, the ballot box, and the cemetery.

This would be a very morbid note on which to end this talk if I didn't remind you of the man who consulted his spiritual adviser about the prospect that there are golf courses in heaven. After some days of meditation and earnest appeals for divine guidance or revelation, the pastor told his parishioner the good news that there are excellent golf courses in heaven but he had to convey also the less good news that the golfer's earliest tee time would be a week from Tuesday.

Speaking of the hereafter or even looking to our professional future, we usually hear the wrong questions about expectations. "What does the future hold for pharmacy and phar-

(Concluded on Page 30)

OUR ACTIONS (Continued)

macists?", for example. Very prudently we pharmacists are concerned about the expectations of our profession. Very properly, and with commendable foresight, some pharmacists are turning their attention to what can be expected from close active relations with physicians and other health teammates. The most appropriate questions of all, however, pertain to the needs and expectations of health and medical care consumers—patients. If we

satisfy to the fullest possible extent the needs of patients and fulfill the expectations of the patient—including many that now seem so remote to him that he will be very happily surprised by their fulfillment—if we do these things, we don't have to worry about our own expectations. They will be fully realized as they are subsumed by those of the society that has given us our birth as a profession and by whose pleasure alone we continue to exist, and, hopefully, to thrive richly.



Col. Jewel B. Harper

Pictured on the left is a pharmacist who has an outstanding record, both with the Veterans Administration, the Medical Service Corps, with our educational institutions and professional organizations.

Prior to his current position as Chief of Pharmacy Service, VA Hospital, Manchester, New Hampshire, Col. Harper was associated with the VA Hospital, Durham, North Carolina.

Since Col. Harper's record is so outstanding and few pharmacists reach the military level he has attained, we present the record in detail, beginning on Page 31.

Note Col. Harper's involvement at all levels of professional endeavor, which doubtless contributed to his steady promotion over the years.

Jewel B. Harper, R. Ph.
Chief (Director) Pharmacy Service
Veterans Administration Hospital
Manchester, New Hampshire

EDUCATION:

Bachelor of Science, General Studies, Austin Peay State University, 1948.

Bachelor of Science, Pharmacy, Samford University, 1950.

Post graduate work, University of Tennessee, 1954-55.

Post graduate work, University of North Carolina, 1969-70.

MILITARY EDUCATION:

The United States Army Academy of Health Sciences, 1964.

The United States Army Command and General Staff College, 1968.

The Industrial College of the Armed Forces, 1973.

The United States Air Force War College, 1977.

EXPERIENCE:**A. Professional:**

Pharmacist, Community Pharmacy, Brentwood Pharmacy, Nashville, Tennessee, 1950-52.

Hospital Pharmacy, Veterans Administration Hospital, Nashville, Tennessee, Staff Pharmacist, 1952-57, Supervisory Pharmacist, 1957-63.

Supervisory Pharmacist, Veterans Administration Hospital, Lexington, Kentucky, 1963-67.

Supervisory Pharmacist, Veterans Administration Hospital, Durham, North Carolina, 1967-76.

Chief (Director) Pharmacy Service, Veterans Administration Hospital, Manchester, New Hampshire, 1976-present.

Pharmacy Officer, United States Army Reserve, with tours of duty at Valley Forge, Walter Reed, Womack Army Hospital, Brooke Army Medical Center, Martin Army Hospital, U. S. Army Hospital, Ft. Campbell, Kentucky, and National Naval Medical Center.

B. Teaching:

Instructor in Pharmacy, Academy of Pharmacy Instructors, North Carolina Pharmaceutical Association, 1970-76.

Member of the faculty of the Durham and Raleigh U. S. Army Reserve Schools, 1969-76.

Taught Command and General Staff Officers' subjects annually at the University of Southern Mississippi, 1970-76.

Presently serve as Director of ICAF Studies with the Manchester U. S. Army Reserve School, Grenier Field, Manchester, N. H.

C. Research Experience:

Project Officer, Nuclear Weapons Development Studies, Nashville U. S. Army Reserve Research and Development Unit, 1958-63, with tours of duty at the Atomic Energy Commission, Oak Ridge, Tenn. Idaho Falls, Idaho; Redstone Arsenal, Huntsville, Alabama; and the U. S. Naval Medical Center, Bethesda, Maryland.

D. Military:

Commissioned, 2nd Lt., U. S. Army Reserve Chemical Corps, 28 July 1949.

Transferred to the Medical Service Corps, 1951.

Promotions: 1st Lt., November 1951; CPT, November 1955; MAJ, November 1962; LTC, November 1969; COL, November 1974.

PROFESSIONAL MEMBERSHIPS:

American Pharmaceutical Association

American Society of Hospital Pharmacists

The Tennessee Pharmaceutical Association

The North Carolina Pharmaceutical Association

The North Carolina Association of Professions

The North Carolina Society of Hospital Pharmacists

Reserve Officers Association of the United States

PERSONAL DATA:

Birth Date: November 14, 1925.

Wife: Josephine

Daughters: Pamela and Karen

Office Address:

Pharmacy Service

Veterans Administration Hospital

718 Smyth Road

Manchester, New Hampshire 03104

Phone: 603/624-4366

Home Address:

1636 Mammoth Road

Hookset, New Hampshire 03104

Phone: 603/623-1367

Brief Description of Present Occupation:

Chief (Director) Pharmacy Service of a 300-bed General Medical Surgical teaching hospital with an Ambulatory Care Service which cares for both fee basis and regular veteran patients and military retirees for the State of New Hampshire. As Director of Pharmacy, I am responsible for formulating hospital policy for Narcotic Control, Intravenous Admixture Manufacture, Drug Distribution and Drug Recall, the Hospital Formulary, Authorized Prescribing Procedure, The Therapeutic Agents and Pharmacy Reviews Committee, Investigational Drugs, Pharmaceutical Exhibits and Detail Procedures, Automatic Stop Orders for Dangerous Drugs, Drug Reaction Reporting, and Ward Inspections. Responsible for acquisition, storage, and distribution of pharmaceuticals with an annual budget of a half million dollars. Responsible for the training of pharmacy interns and providing education and training for technicians and inservice drug education program for nurses. Pharmacy Service Staff consists of eight pharmacists and seven non-professionals.

OTHER MILITARY SCHOOLING:

The United States Army Logistics Executive Development Course, The Logistics Management Center, Ft. Lee, Va. 1974, 75, 76, 77.

The U. S. Army Pharmaceutical Management Course, The Academy of Health Science, 1976.

The ICAF National Security Seminary, 1968, 1975.

The U. S. Army Pharmaceutical Management Course, Walter Reed Army Medical Center, 1969, 71, 73.

The Senior Commanders Orientation Course, Ft. Knox, Ky., 1973.

National War College Defense Strategy Seminar, 1970.

Chemical Biological and Radiological Refresher, Ft. Stewart, Ga. 1972.

Command & Staff Refresher, Ft. Sam Houston, Texas, 1968, 71.

PARTICIPATION IN CONTINUING EDUCATION:

School of Pharmacy, University of North Carolina

The Annual Carolina Hospital Pharmacy Seminars, Years 1967 through 1975.

The Clinical Pharmacy Seminar Series, Oct-Dec 1968.

The Drug Interaction Pharmacy Seminar Series, Jan-Apr 1969.

Automatic Data Processing and Computers Pharmacy Series, Oct-Dec 1969.

The Clinical Symposium on Drug Interactions, Oct-Nov 1970.

The Intravenous Admixture Program Seminar, Oct-Nov 1972.

Pharmacokinetics & Biopharmaceutics Symposium, Oct-Dec 1974.

Pharmacy Management Seminar Series, Jan-Mar 1976.

The Midyear Clinical Meeting—The American Society of Hospital Pharmacists, December 1975.

The Annual Meeting of the Association of Military Surgeons of the United States, December 1975.

OTHER PROFESSIONAL EXPERIENCE AND ATTAINMENTS:

Designation as a Logistician, the United States Army Reserve, 1977.

Certified in Logistics by the United States Army Logistics Management Center, Fort Lee, Virginia, 1976.

Commanding General's Commendation for Outstanding Service as a Member of the C&GS Faculty 1969-74 (120 U. S. Army Reserve Command)

Selected for the Bicentennial 1776-1976 Edition of Outstanding Americans released by the Biographical Publishing Company, Atlanta, Ga. 1975.

Selected for entry into the Logistics Career Program for Reserve Components Officers, the U. S. Army Logistics Management Center, Fort Lee, Virginia, 1974.

Elected a Teaching Fellow, the North Carolina Academy of Instructors, 1970.

Elected a Fellow of the Royal Society of Health, London, England, 1969.

Inducted into the North Carolina Academy of Pharmacy, the North Carolina Pharmaceutical Association, 1968.

Elected to Presidency of the Blue Grass Pharmaceutical Association of Kentucky, 1966.

Elected to Presidency of the Nashville Area Chapter Reserve Officers Association of Tennessee, 1963.

Selected for Who's Who in Tennessee by the Tennessee Historical Association, 1961.

Mr. Steven R. Moore

Executive Secretary and Treasurer

North Carolina Pharmacy Political Action Committee

P. O. Box 1313

Chapel Hill, North Carolina 27514

Dear. Mr. Moore:

Based on an examination of your association's organizational document and financial statements, it is my opinion that NC-PharmPAC is a Political Organization within the meaning of Sec. 527 of the Internal Revenue Code. Section 527 provides that an organization such as NC-PharmPAC incurs no income tax liability so long as its sole sources of income are dues, contributions and occasional sales not in the organization's normal course of business (e.g. sale of bumper stickers or campaign buttons). Moreover, your committee need not file a tax return (including Form 990 or similar informational returns) so long as your committee's receipts are of the sort described above.

On the other hand, income received as interest, rentals or from the conduct of a trade or business would be taxable in full after the first \$100. Your committee would probably be taxed at a rate somewhat higher than that applicable to business corporations (Sec. 527 denies political organizations the use of the corporate surtax exemption; all nonexempt net income would therefore be taxed at the rate of 46%). For this reason I recommend that any decision to change the committee's sources of financial support be thoroughly investigated before any actual changes are made.

You may wish to advise your members that it is also my opinion that contributions to the Committee (no matter whether termed "dues" or "contributions") are tax deductible in the same manner and to the same extent as any contributions to a candidate for political office (see I.R.C. Sections 41 and 218). For the committee to assist members in qualifying for such deductions a Form 4909 should be filed and a special receipt should be instituted.

The tax status of the amounts received by the committee prior to 1975 is not perfectly clear, for Sec. 527 did not become effective until January 1 of that year. It is my opinion, however, that the committee's receipt of "dues" which are, in effect, contributions rather than payments for services or membership, is not taxable income and that the committee therefore has no liability for any of the years since its inception.

Very truly yours,

EPTING, HACKNEY & LONG

/s/ Robert Epting

MARRIAGES

Ms. Ellon Seawell Martin became the bride of William Charles Barlow Saturday, November 20 in the Snyder Memorial Baptist Church of Fayetteville. The bride is a graduate of the School of Pharmacy, University of North Carolina and is employed at The Prescription Center, Fayetteville. The groom is associated with Croft Metals of Mississippi. The couple will make their home in Fayetteville.

Miss Patty Marlene Neal and *Eric Stephen Albright* were united in marriage Saturday, November 6 at Ragan Wesleyan Church in Bessemer City. The groom is a graduate of the University of North Carolina School of Pharmacy and is employed by Revco Drug in Monroe. They will reside at the Fountain Square Apartments in Charlotte.

DEATHS

ALBERT CHANDLEY

Albert B. Chandley, age 64, Asheville pharmacist, died December 18 in an Asheville hospital after a short illness.

Mr. Chandley had owned and operated the Merrimon Avenue Pharmacy, Asheville, for the past 24 years. A former president of the Western North Carolina Drug Club, he was associated with Goode's Drug Store prior to assuming ownership of Merrimon Avenue Pharmacy.

JOHN CAUSEY

John Henry Causey Sr., age 72, Rutherford College pharmacist, died December 15 in a Valdese hospital after a long illness.

JOHN TILLEY

John Everett Tilley, age 74, Jamestown pharmacist, died December 3. He had been a patient at Presbyterian Home since November.

A native of Lenoir and a graduate of the School of Pharmacy, UNC/CH, Mr. Tilley operated a pharmacy in Jamestown prior to his retirement.

S. M. EDWARDS

Snowdie McGrover Edwards, age 84, Ayden Pharmacist, died January 13.

A graduate of the UNC/CH School of Pharmacy in 1917, Mr. Edwards founded Edwards Pharmacy in 1925 after having been associated with McKinney Pharmacy beginning in 1918.

Service included former town commissioner, a member of the Pitt County Board of Health, president of the Ayden Rotary Club and Ayden Methodist Church.

Survivors include sons, S. Mac of Ayden, the present owner and manager of Edwards Pharmacy; W. G. (Bill) Edwards of Raleigh; a brother, sister, five grandchildren and a great grandchild.

GREENSBORO

Reported by Cassandra Setzer

The November meeting of the Greensboro Drug Auxiliary was held at the home of Mrs. Mildred Rose, with Mrs. Shirley Barracks, Mrs. Chris Sanford, and Mrs. Ruth Buchanan assisting as hostesses.

Following the Invocation by Mrs. Sanford, Mrs. Hazel Collins from the Gingham Goose Gift Shop showed many beautiful handmade gifts suitable for Christmas giving.

The President called the business meeting to order, and committee reports were heard. Mrs. Bracker presented suggestions on improving club membership for the coming year. The publicity chairman is moving to Indiana and Mrs. Cassandra Setzer was appointed to fill this vacancy.

It was announced that the February meeting would be held at the home of Mrs. Virginia Forrest.

CHARLOTTE

Reported by Mrs. W. B. Hawfield

The Charlotte Auxiliary held their annual bazaar at the Y.W.C.A. on December 14. Mrs. Don Weathers, president, had charge of the meeting.

Mrs. Charles Jarrett, Mrs. Don Smith and Mrs. Douglas Corwin auctioned handwork, craft objects, bakery items and plants to the 36 members and guests.

Proceeds of the sale support a scholarship at the School of Pharmacy, UNC/CH.

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For Raleigh area:

Herman Honeycutt (919) 872-6926
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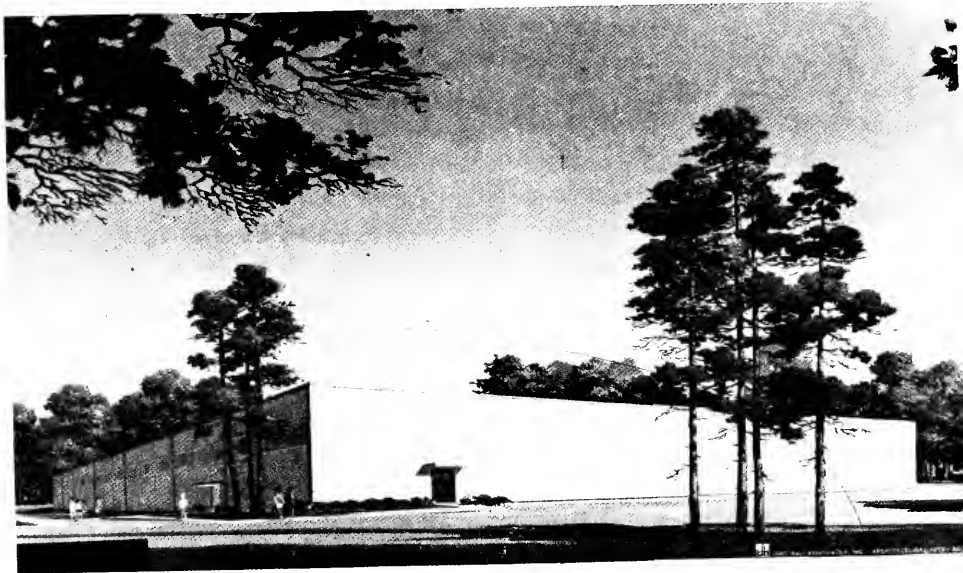
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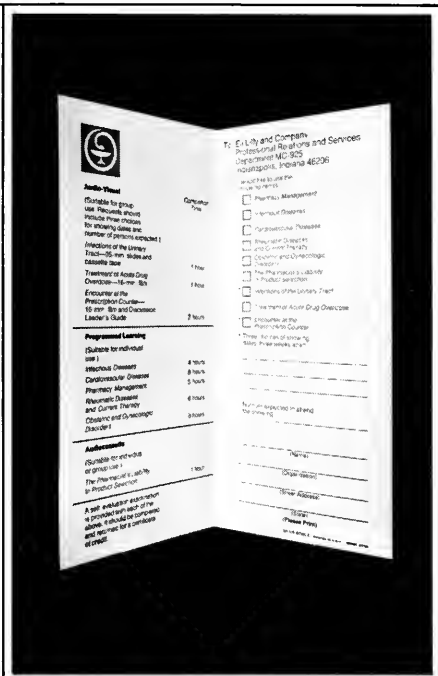


The immediate past president of The Traveling Men's Auxiliary of the NCPHA, Ray Black (left) presents gavel to the current TMA President, W. F. Elmore of Wilmington. Beginning on pages 18/19 and continuing through page 29, the current TMA membership list is presented so that the pages may be detached to form a poster. If your favorite sales representative is missing from the list, he or she can be assured of being a part of the 1977 listing by requesting a TMA membership application at this time.

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VOLUME 57

MARCH 1977



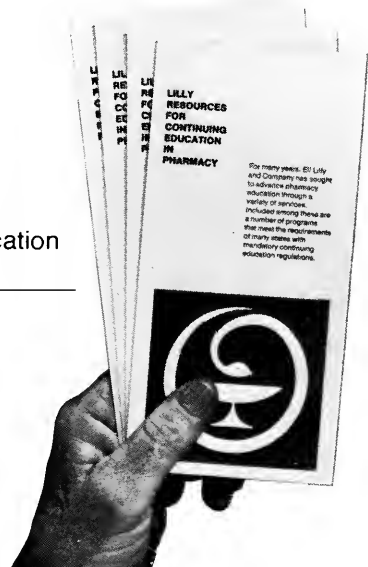
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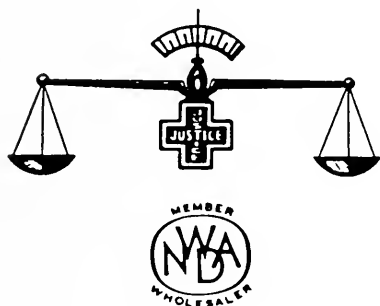


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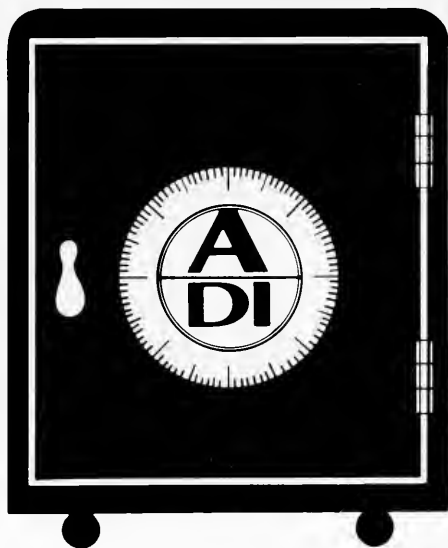
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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, Box 151, Chapel Hill, N. C. Subscription rate: \$3.00 a year; single copy, 25 cents. Second class postage paid at Chapel Hill, North Carolina 27514.

STUDENT BRANCH

The January meeting of the NCPHA/APhA Student Branch, UNC/CH, was highlighted by a talk on "Computerized Patient Medication Records" by Jesse Pike, Jr., now associated with National Data Corporation of Atlanta.

DON LAMBETH SELLS KIBLER DRUG

Don Lambeth, owner of Kibler Drug Company, Morganton, has announced the sale of Kibler Drug to G. B. Propst, Community Pharmacy.

All of the Kibler Rx files, medical records and charge accounts have been moved to Community Pharmacy.

Following a fire which heavily damaged the pharmacy on November 15, 1975, Kibler's has operated from a trailer at the corner of College and McDowell Streets.

Lambeth is mayor pro tem of Morganton; was recently elected chairman of the Burke County Board of Health and serves on various boards and committees.

PHARMACY GENERAL MANAGER GOES TO WASHINGTON

Rep. Charles Whitley has selected Lewis Renn of Jacksonville as his administrative assistant.

Renn has been vice president and general manager of the New River Pharmacy in Jacksonville for the past 20 years. He has been active in the Democratic Party for decades and is a former treasurer of the Onslow County Democratic Executive Committee.

WEATHERS NAMED TO HOSPITAL BOARD

Donald L. Weathers, Manager of H&W Pharmacy, Newton, has been named a member of the board of trustees of Catawba Memorial Hospital by the Catawba County Commissioners.

Weathers has been at H&W Pharmacy since August 1965. He is a former member of the Newton-Conover Lions Club and the Newton-Conover Jaycees.

Prior hospital service includes employment in Raleigh with Rex Hospital and in Chapel Hill at N. C. Memorial Hospital.

O'HERRON JOINS BOARD

Edward M. O'Herron Jr. of Charlotte will serve as the 7th member of the Jack Eckerd Corporation's board of directors but will not serve as a corporate officer.

The merger of Eckerd Drugs and Jack Eckerd Corporation creates a retail drug chain of more than 730 outlets.

GENE HERRING RECEIVES DSA AWARD

Gene F. Herring, a 1967 graduate of the UNC School of Pharmacy, recently received the Jacksonville Jaycees 1976 Distinguished Service Award. The DSA is given annually to the nominee whose humanitarian deeds and civic activities greatly contribute to the quality of life in the community. Herring was cited for "beyond the call of duty" service at Northwoods Drug Company, Inc. where he is pharmacist-manager. Herring was also praised for outstanding community service as Chairman of the Substance Abuse Advisory Committee while serving on the Onslow County Area Mental Health Board and for numerous other civic activities.

ABRAMS ELECTED PAID HEAD

Dr. Robert E. Abrams has been elected president of Paid Prescriptions. He assumed the post on February 1.

Howard Sosbee, Chairman of Paid's Board of Trustees, made the announcement following resignation of Ed Baker on January 30.

MEANS INSTALLED HEAD OF MERCHANTS ASSOCIATION

Hickory pharmacist Mack R. Means was installed as president of the Hickory Merchants Association on January 26.

The new president is owner and manager of Medical Center Pharmacy. Means is a native of Rock Hill, S. C. and a veteran of the Navy Air Force in World War II.

He received his pharmacy degree from the University of South Carolina in 1948 and was a representative for Parke, Davis and Company prior to establishing a pharmacy in Hickory.

William R. (Bill) McDonald III of Viewmont Pharmacy was elected vice president of the Association, thus the two top officers of the organization are pharmacists.

1977 CONVENTION

**NORTH CAROLINA PHARMACEUTICAL ASSOCIATION & AFFILIATED AUXILIARIES
HOLIDAY INN FOUR SEASONS, GREENSBORO, APRIL 24-25-26**

SUNDAY, APRIL 24

Luncheons—N. C. Society of Hospital Pharmacists and 10th Reunion (1967) UNC Pharmacy School Graduating Class; Meeting of NC-PharmPac; Awards Session followed by reception honoring The Miyas. The Sunday night dinner features internationally known Dr. Andy Holt, President Emeritus of The University of Tennessee, whose topic is

"CARE AND CONTROL OF THE HUMAN TONGUE"

MONDAY, APRIL 25

NCPHA Business Session headlines "The All American Pharmacy Panel;" Edward S. Albers, Jr., General Manager, Albers Drug Company, Seymour Holt, General Manager of Dista Products Company and Howard Stark, Chairman of the Board, American College of Apothecaries. Subject: Pharmacy '77—Issues and Answers.

Golf and Tennis followed by a dinner show at Barn Theatre.

TUESDAY, APRIL 26

Three major presentations as a part of the NCPHA AM business sessions by Delbert D. Konnor of the Drug Enforcement Administration, Gloria Sabatini of Smith Kline & French Laboratories and Dr. Jean Gagnon outlining what 3000 N. C. consumers think about you, as a pharmacist, and the quality of your pharmaceutical service.

While this is in progress, business will be transacted by The Woman's Auxiliary and The Traveling Men's Auxiliary, including luncheons and special events.

Day concludes with entertainment sponsored by The Traveling Men's Auxiliary.

While the Convention is in progress, Woman's Auxiliary will operate a hospitality and treasure hunt room in the Holiday Inn Four Seasons.

Major convention draw prize: \$10,000 in U. S. Currency.

**COMPLETE CONVENTION DETAILS
APRIL ISSUE OF THE CAROLINA JOURNAL OF PHARMACY**



Mary Linda Stotter *Harry Travis* *Linda Sue Schmitz* *Dennis Kammel*
 OHIO NORTHERN U. U. OF PITTSBURGH WEST VIRGINIA U. FERRIS STATE COLLEGE

Remember the summer of '76?

This summer, four young people joined The Upjohn Company as part of the NPC Pharmacy Internship Program.

They added to their educational process ... learned about manufacturing, quality control, pharmaceutical research, and marketing/sales.

We hope we answered their questions. Certainly, we took their suggestions to heart.

And when the 10-weeks were over, we parted knowing that we'll enjoy seeing each other in the years ahead.

And reminiscing about the summer of '76.

Upjohn

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THE CONTINUING EDUCATION UNIT (CEU)—A NEW APPROACH FOR NON-CREDIT C.E.

Claude U. Paoloni*

Within the last three decades non-credit continuing education has been one of the fastest growing segments of education. Adults in general, and particularly those in professional and technical occupations have found, and still find, it increasingly necessary to update and upgrade their knowledge through continuing education. Millions of people participate in non-credit evening class, short courses, workshops, seminars, conferences, institutes and in other forms of continuing education throughout the country. In North Carolina roughly 25% of all practicing pharmacists participate in one or more forms of continuing education offerings in the UNC School of Pharmacy. One a general overall basis, individuals who are associated with employers, professional groups, licensing agencies, and others who routinely examine and evaluate individual accomplishments have expressed an increased need for uniformity in combining one's participation in a non-credit educational activity into a standard measurable unit. Institutions of higher learning have long been able to account for individual educational performance in credit courses using such parameters as the semester or quarter credit hours and full-time equivalent student enrollments. However, quite a different situation existed when accounting for institutional offerings and student participation in non-credit continuing education offerings or coursework. Hence, a need existed to develop a parallel system for recognizing, identifying, measuring and rewarding efforts in non-credit continuing education activities offered by institutions of higher education.

Recognizing the necessity to face this dilemma and to come up with some satisfactory solution, in 1968, the U. S. Office of Education, the National University Extension Association of Collegiate Registrars and Administrations sponsored a National Planning Conference in Washington, D. C. Thirty-four interested institutions, organizations, etc. participated. From this initial conference grew

the National Task Force on the Continuing Education Unit, which has delineated and defined what today is referred to as the Continuing Education Unit—the CEU. Except for those of us who are intimately involved with continuing education programming, the term continuing education unit—CEU—may be quite foreign. It is, however, a term which you will be encountering more and more as your own involvement in continuing education activity grows.

Today, most institutions of higher learning have either adopted or are in the process of adopting the CEU as the uniform unit used nationally for measuring, recognizing and recording efforts in non-credit continuing education activities. An enormous boost was given to the viability of the CEU when in December, 1971, the Commission on Colleges of the Southern Association of Colleges and Schools (the accreditation body for the eleven-state region in which the University of North Carolina belongs) has adopted it in its revised accreditation standards. This, in part, recognizes that not all learning is a derivative of a traditional academic credit course. Many organizations now require that their members participate in continuing education activities. The University of North Carolina at Chapel Hill has recently adopted the CEU, effective June 1, 1976. In order to give you a better idea of the CEU permit me to elaborate briefly.

The Continuing Education Unit (CEU) is a new voluntary national system of measurement used for the recording, reporting, accumulation, transfer and recognition of participation by adults in those programs which seldom in the past have been recorded in any formal or systematic way. One continuing education unit is defined as ten contact hours of participation in an organized continuing education experience under responsible sponsorship, capable direction, and qualified instruction. Through the University's organizational structure, continuing education programs may be submitted for CEU credits. The number of contact hours and appropriate CEU must be determined prior to the beginning of a program. The University of North Carolina at Chapel Hill will maintain an individual record, or transcript, of each adult's participation in all of the School of

*Associate Professor, UNC School of Pharmacy, Director of Continuing Education.

THE CONTINUING EDUCATION UNIT

Pharmacy's CEU approved continuing education programs and will accumulate all CEU's earned for the individual. Upon request of the student copies of these will be mailed to employers, institutions, groups and other associations who may use compilations of the continuing education units to provide measures of recognition of non-credit educational achievements. If this record-keeping is to succeed, a contributory responsibility rests with the participants who undoubtedly will be faced with the completion of appropriate forms. For this service, the University of North Carolina must assess a small fee to the School, now set at \$2.00 per student, which, in turn, will have to be reflected in the program's registration fee. To date, two programs have been approved by the University for granting the continuing education unit to each participant, or student. The first was the annually sponsored program with the North Carolina Pharmaceutical Association of February 16, 1977, "The 11th Annual Seminar on Socio-Economic Aspects of Pharmacy Practice"; approved for a maximum of 0.55 CEU's. The second includes the March and April 1977 continuing education series for "Improving Patient Care in Long Term Care Facilities Through Improved Drug Therapy"; approved for a maximum of 0.90 CEU's.

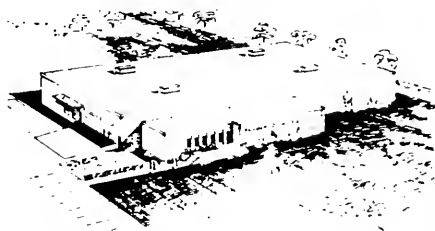
A conservative approach seems appropriate at first when an institution or organization decides to award CEU for its continuing education programs. However, by supporting the CEU we help to build a national system useful to pharmacists who move or are licensed in more than one state. I may add, it is reasonable to expect that not all continuing education programs will be submitted for CEU credits offered by the School of Pharmacy. At least, not until some better indication of whether you, the practitioner of pharmacy, value the CEU sufficiently to warrant the additional fee for maintaining individual transcripts by the University of North Carolina for participation in non-credit CEU approved programs. Time will tell and your voice will undoubtedly bear much influence on the direction you choose your profession to take.

The use of the CEU seems to be a helpful innovation in the lifelong learning process which involves us all. The UNC School of

Pharmacy is dedicated in the pursuit of educational excellence of all forms—not the least of which is your continuing education.

References

- "The Continuing Education Unit—Criteria and Guidelines," *The National Task Force on Continuing Education Unit*, Printed and distributed by National University Extension Association, Suite 560, One Dupont Circle, Washington, D. C. 20036, 1974.
- The Continuing Education Unit*, Office of Staff Development, North Carolina State Department of Community Colleges, Raleigh, North Carolina, November, 1974.
- "Standard Nine," Standards of the Colleges Delegate Assembly, the Southern Association of Colleges and Schools, December 12, 1973, Published by Southern Association of Colleges and Schools, 795 Peachtree Street, N.E., Atlanta, Georgia 30308.
- Guide for Implementation of the Continuing Education Unit in the University of North Carolina, May, 1973, The University of North Carolina General Administration, 910 Raleigh Road, Chapel Hill, N. C. 27514.



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- Meets the proper 3-mg total daily dose of Hydergine therapy.
- Makes compliance easier for patients who might be confused by more complicated schedules.
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Contraindications: Hypersensitivity to the drug.

Precautions: *Because the target symptoms are of unknown etiology, careful diagnosis should be attempted before prescribing Hydergine sublingual tablets.*

Adverse Reactions: Serious side effects have not been found. Some sublingual irritation, transient nausea, and gastric disturbances have been reported. Hydergine sublingual tablets do not possess the vasoconstrictor properties of natural ergot alkaloids.

Dosage and Administration: 1 mg sublingually three times daily. Alleviation of symptoms is usually gradual and results may not be observed for 3-4 weeks.

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Each 1-mg Hydergine sublingual tablet contains dihydroergo-cornine 0.333 mg, dihydroergocristine 0.333 mg, and dihydro-ergokryptine 0.333 mg, (Dihydro-alpha-ergokryptine and Dihydro-beta-ergokryptine in the proportion of 2:1) as the mesylates, representing a total of 1.0 mg

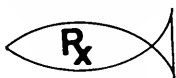
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GAFFNEY 487-4949
COLUMBIA 256-7555

TAR HEEL DIGEST

Walnut Cove—Savco Discount Drugs (formerly Cove Pharmacy) is now under management of Pharmacist Marcus F. Cameron and ownership of Joel Ragan of Stanleyville.

Aberdeen—Ted Lingerfeldt, a 1972 graduate of the UNC/CH School of Pharmacy, has been employed as a pharmacist by Mann Drug, Town & Country Shopping Center.

Joe Brantley, formerly associated with Mann's Aberdeen store, has been transferred to Mann Drug #1 in Hickory.

Oxford—J. B. Clay, pharmacist owner of Hall's Drug Store, has been elected president of the Oxford Rotary Club effective July 1.

Concord—Van and Becky Kennerly, co-owners of Fleetwood Pharmacy, have established a second professional pharmacy in nearby Harrisburg. It was to be operated as the Harrisburg Drug Center.

Eckerd's Drug Store, 2216 Roxboro Road, Durham—After entering the pharmacy by way of a roof-top hole, thieves made off with a quantity of prescription drugs.

City Pharmacy, Newton—A large quantity of drugs was taken from the pharmacy following break-in and entering by an unknown party or parties.

Hollowell's Drug Store, Greenville—More than 1000 CS drugs taken in a break-in at the pharmacy.

Cullowhee—Dr. George E. Crevar, regional medical associate for SK&F, was guest speaker at an area meeting of physicians. Crevar's topic was "The Panorama of Drug Interaction."

Granite Quarry—Senior pharmacy student Buddy Lingle has been tapped into the Order of the Old Well at UNC/CH. He is president of the UNC/CH School of Pharmacy student body.

High Point—A large quantity of drugs was stolen from Arthur's Pharmacy following a break-in at the pharmacy.

BANDIT ROBS PHARMACY

The Medical Center Pharmacy, Pinehurst, was held up by a gunman who forced Pharmacist H. C. Reaves to surrender cash from the pharmacy's register.

FORGED PRESCRIPTIONS

Two Charlotteans have been charged with passing forged prescriptions for controlled substances at four Mooresville drug stores.

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This indemnification shall include the payment by **Geigy** Pharmaceuticals of all reasonable expenses and attorneys' fees incurred by the pharmacist, or his employer, in connection with said law suit, and the assumption by **Geigy** Pharmaceuticals, where appropriate, of the defense of the action through its own attorneys.

This agreement by **Geigy** Pharmaceuticals to indemnify and hold harmless, as set forth above, is expressly conditioned upon the pharmacist, or his employer, im-



and every pharmacist who dispenses it.

mediately notifying the Company of any claim, demand, or the service of any complaint. This agreement is further expressly conditioned on the pharmacist, or his employer, providing full cooperation to the Company, including complete access to all relevant records, and on **Geigy** Pharmaceuticals having complete control over the conduct and disposition of any claim, demand, or law suit.

This agreement is not applicable if **Geigy** Pharmaceuticals determines that there is evidence of any improper or negligent statement or act, or omission to act, by the pharmacist, or his employer, or if **Geigy** Pharmaceuticals determines that there is evidence that the product has not been properly stored or properly dispensed.

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**PERSONS APPROVED BY THE NORTH CAROLINA BOARD OF MEDICAL
EXAMINERS TO WRITE RXs FOR NON-CONTROLLED SUBSTANCES
UNDER PROVISIONS OF G.S. 90-18.1**

**The Original List of More Than 200 Names Appeared in the
January 1977 Issue of the Carolina Journal of Pharmacy
Pages 29/40**

	Physician Assistants	Physician Supervisor
11/3/76	George W. Haskin 100130	Dr. Herbert M. Baker, 518 S. Van Buren Rd., Suite 8, Eden 27288
12/9/76	Elizabeth L. Blackmon 100131	Dr. Bruce B. Blackmon, Box 8 Buies Creek, 27506
12/9/76	Elizabeth L. Blackmon 100131	Dr. Joseph Black Alexander, 395 W. 27th St., Lumberton 28358
12/9/76	Nathaniel Cameron 100132	Dr. Arthur Calvin Broughton, 1110 Wake Forest Road, Raleigh 27604
12/9/76	Eric Ronald Chlebisch 100133	Dr. Clement Henry Block, P. O. Box 657, Snow Hill 28560
12/9/76	John William Levis 100134	Dr. Bob M. Foster, P. O. Box 425 717 Hospital Street, Mocksville 27028
12/9/76	Robert Lawhorn 100135	Dr. Floyd Alan Fried, Suite 427, Clinical Science Bldg., N. C. Memorial Hospital, Chapel Hill 27514
12/9/76	Roger Lee Young 100136	Dr. George Vernon Irons, The Nalle Clinic, 1350 S. Kings Dr., Charlotte 28207
12/9/76	William M. Buckley 100137	Dr. William A. Moody, Broughton Hospital, Morganton 28655
12/9/76	Wayne Frank Olsen 100138	Dr. Allan Dale Nash, 202 S. Caldwell Street, Brevard 28712
12/9/76	Paul E. Stout 100139	Dr. Stephen F. Collins, Emergency R., New Hanover Mem. Hosp., 2131 S. 17th St., Wilmington 28401
12/9/76	Marcia C. Pregnall 100140	Dr. Francis W. Slate, Mocksville Surgical Associates,
	Registered Nurse Practitioner	Physician Supervisor
11/4/76	Gloria S. Dixon 200097	P. O. Box 407, Mocksville 27028 Dr. Eldora H. Terrell, Guilford Co. Health Dept., 301 N. Eugene St., Greensboro 27401
12/14/76	Anna Alen Hill 200098	Dr. Luther H. Clontz, Western Carolina Ctr. Enola Rd., Morganton 28655
12/14/76	Mary Josephine Franklin 200099	Dr. Azmi Jarrah, Western Carolina Center. Enola Rd., Morganton 28566
12/9/76	Ginga C. Carden 200100	Dr. Sydnor T. Withers, Jr. Federal Point Med. Ctr., P. O. Box 387, Carolina Beach 28428
12/9/76	Barbara Garrison 200101	Dr. David F. Slawek, Migrant Family Health Ctr., 475 S. Church St., Hendersonville 28739
12/9/76	Margaret E. Goodson 200102	Dr. Harry Fagan, Jr., N. C. State University, Student Health Service Clark Hall Infirmary, Raleigh 27607

12/9/76 Martha L. Henderson 200103
 12/9/76 Corinne E. Klaiman 200104
 12/9/76 Sandra F. List, 200105
 12/9/76 Jo L. Rountree 200106
 12/9/76 Sandra Rickman 200107
 12/9/76 Lydia S. Smith 200108
 12/9/76 Opal M. Wood 200109
 12/9/76 Mary Ellen Estok 200110
 12/9/76 William Henry Redding 200111
 12/9/76 Beverly L. Smith 200112
 12/9/76 Linda Sanderson 200113
 12/9/76 Joan E. Walker 200114
 12/9/76 Janet R. Waters, 200115
 12/9/76 Allene Fuller Cooley 200116
 12/9/76 Patricia Ann Johnson 200117
 12/9/76 Ellen Marie Leonard 300008

Pediatric Nurse Practitioner

Dr. Michael Hamilton
 Dr. John Noble
 Dr. Edward A. Kelly, Walnut Clinic,
 Rt. 7, Marshall 28753
 Dr. Edward T. Viser, 420 N. Peacock St.
 Ahoskie 27910
 Dr. Wallace N. Evans
 118 S. Academy St., Cary 27511
 Dr. John K. Pearson
 211 S. Salem St., Apex 27502
 Dr. Verna Y. Barefoot,
 P. O. Box 1390, New Bern 28560
 Dr. Harry H. Summerlin, Jr.,
 944 Tunnel Rd., Asheville 28802
 Dr. Richard H. Hardin, Chowan
 Hospital, P. O. Box 629, Edenton 27932
 Dr. George Macatee, Jr.,
 200 Charlotte St., Asheville 28801
 Dr. John A. Parrott, Lenoir Co.
 Health Dept., P. O. Box 1315, Kinston 28501
 Dr. Richard C. Irving, Henderson Co.
 Health Dept., P. O. Box 925,
 Hendersonville 28739
 Dr. Henry L. Stephenson
 Beauford Co. Hosp., East 12th
 St., Washington 27889
 Dr. John W. Denham, Farmington
 Clinic, Rt. 2, Box 161-X,
 Mocksville 27028
 Dr. Robert L. Bauer, Outer
 Banks Health Ctr., Manteo 27954

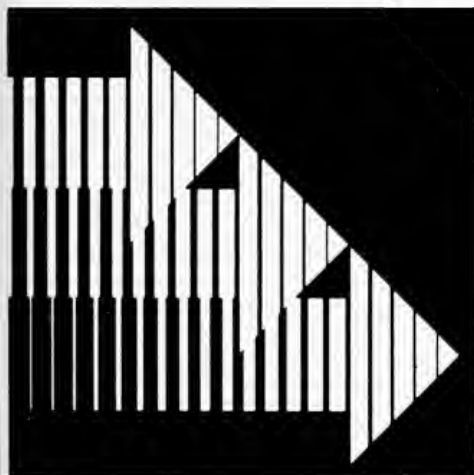
Physician Supervisor

Dr. R. Stuart Roberson, Haywood Co.
 Health Dept., 2216 Asheville Rd.,
 Waynesville 28786

THE 1977 CONVENTION

Pre-Registration forms will be mailed in March. If you missed your copy of the room reservation (Holiday Inn Four Seasons), a request to the NCPHA will bring a duplicate copy.

Preliminary convention details on Page 5. The April issue of The Carolina Journal of Pharmacy includes the complete hour by hour convention program.

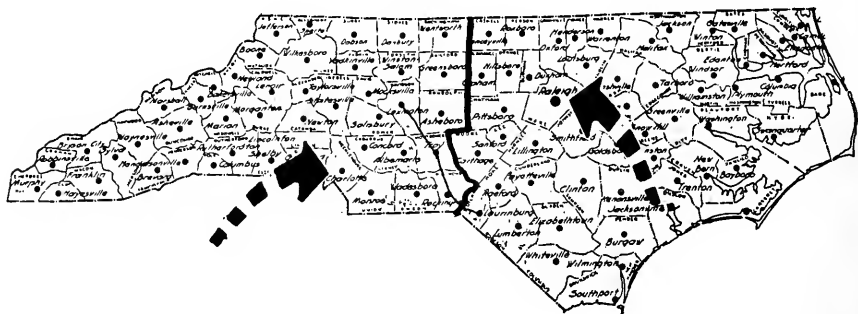


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ELI LILLY

Eli Lilly, honorary chairman of the Board of Directors of Eli Lilly and Company, the pharmaceutical firm founded by his grandfather a century ago, died January 24 in Indianapolis. He was 91.

Richard D. Wood, Lilly board chairman, said: "Mr. Lilly was an enormously effective business leader who had a profound impact on the course of this company. He was associated with it for more than 80 years. His life set standards of excellence, integrity, and compassion that will remain inspirational to all who knew him. Only rarely do uncommon talents and noble instincts blend with modesty and good humor to create a man like Eli Lilly."

More than any other person, Mr. Lilly was instrumental in transforming Eli Lilly and Company into a world enterprise making significant contributions to medicine and agriculture. He played a key role in many of the events that shaped modern drug therapy. These included the development of insulin for diabetes and liver extract for pernicious anemia in the 1920s, barbiturates in the 1920s and 1930s, the early production of penicillins and antibiotics in the 1940s, Salk polio vaccine in the 1950s, and significant new agricultural compounds for weed control and animal health in the 1960s and 1970s. The tangible accomplishments of the company under his leadership and influence were exceeded only by his intangible thirst for excellence and sense of integrity.

Mr. Lilly was president, board chairman, and honorary chairman of the Indianapolis-based firm. He assumed the presidency in 1932 and guided the company through the difficult depression years. In 1948 Mr. Lilly became chairman, a position he held until 1961, when his brother, J. K. Lilly, Jr., was elected chairman. After the death of his brother in 1966, Mr. Lilly again became chairman. He returned to the position of honorary chairman in 1969 when the late Eugene N. Beesley was elected chairman of the board.

Mr. Lilly was born April 1, 1885, in Indianapolis, the elder son of Josiah K. Lilly, Sr., and the former Lilly Ridgley. He was the namesake of Colonel El Lilly, who founded the company nine years earlier. In 1904 he graduated from Shortridge High School in Indianapolis and three years later received a degree in pharmaceutical chemistry from the Philadelphia College of Pharmacy and Science.

Eli Lilly became a board member in 1907, the same year he joined the firm. He was instrumental in introducing modern industrial practices, including many work incentive programs for employees, the blueprinting of manufacturing formulas, and the installation of straight-line production methods. He became superintendent of the manufacturing division in 1909 and general superintendent in 1915. Five years later he became vice-president, a position he held until succeeding his father as president.

Mr. Lilly had numerous interests in addition to his business career. An author, historian, and hobbyist, he also was a philanthropist who had given personal, as well as financial, support to educational, religious, and civic causes.

In 1936 he took his first major step into philanthropy by jointly donating, with his father, the Remington Memorial Laboratory to their alma mater.

In the following year, Lilly Endowment, Inc., was founded by the Lilly family, acting upon a proposal by Eli Lilly. The foundation, one of the largest in the world, has made grants of more than \$300 million since its inception.

Mr. Lilly was a member of the American Anthropological Society, the American Chemical Society, and Phi Delta Chi, professional pharmacy fraternity. He was a former director of the American Foundation for Pharmaceutical Education and was active in directing the activities of numerous scientific and cultural organizations in Indiana and elsewhere.

Mr. Lilly received 13 honorary degrees, the first of which came in 1935, when he was named a Master of Pharmacy by the Philadelphia College of Pharmacy and Science. In addition, DePauw University proclaimed him an honorary member of Phi Beta Kappa, scholastic honor society, in 1939. The Republic of China honored him in 1942 for donations of medicines, and Norway presented him its St. Olav's Medallion in 1948. In 1958 the American Pharmaceutical Association gave him the Remington Honor Medal, which his father had received in 1942.

As an author, Mr. Lilly published five books, mainly dealing with elements of Indiana history.

Mr. Lilly's wife, the former Ruth Allison, died in March, 1973. In addition to his home in Indianapolis, Mr. Lilly had a summer residence on the shores of Lake Wawasee, Ind.

Traveling Men's Auxiliary

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Bellamy Drug Co.

ROLAND G. THOMAS, 1st Vice Pres.
R. G. Thomas Co.

W. H. ANDREWS, 2nd Vice Pres.
Justice Drug Co.

L. M. McCOMBS, Sec.-Treas.
Eli Lilly & Co. (Retired)

DAVID F. McGOWAN, Asst. Sec.-Treas.
Eli Lilly & Co.

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1976-1977

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W. H. King Drug

RAY McMARTAN, 1 year
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THE AMERICAN DRUGGIST INS. CO.	Lamar E. Hammett	P. O. Box 248, Concord, NC 28025
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BEECHAM LAB.	Clem C. Wilkes, Jr.	741-D The Colony Apts., Burlington, NC 27215
BELLAMY DRUG CO.	A. B. Bethune	P. O. Box 540, Wilmington, NC 28401
BELLAMY DRUG CO.	J. D. Colwell	P. O. Box 540, Wilmington, NC 28401
BELLAMY DRUG CO.	W. F. Elmore	3808 Oleander Drive, Wilmington, NC 28401
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UNC PHARMACY SCHOOL

ECKEL NAMED TO PHARMACY DIRECTOR POST

Professor Fred M. Eckel, Head, Division of Pharmacy Practice, UNC School of Pharmacy, was elected a director of the American Foundation for Pharmaceutical Education, New York.

The Foundation is committed to uphold and improve pharmaceutical education, colleges of pharmacy and pharmacy students.

Eckel is the past president of the American Society of Hospital Pharmacists.

PHARMACY PAPERS PART OF NEW BOOK

Two chapters of Clinical Pharmacy and Clinical Pharmacology published by North-Holland Publishing Company of Amsterdam, Holland, were contributed by authors of the UNC Schools of Pharmacy and Medicine. The book is a compilation of the proceedings of an international symposium held in Boston, Massachusetts, September 17-19, 1975.

J. Heywood Hull of the UNC School of Pharmacy and Felix A. Sarubbi, Jr. of the UNC School of Medicine co-authored "Clinical Assessment of Pharmacokinetic Parameters in the Surveillance and Design of Gentamicin Therapy."

"Perception of Disease and Compliance with Pediatric Medical Regimens and Effects on Assessment of Treatment in Ambulatory Disease" was co-authored by Candace K. Bryan, UNC School of Pharmacy and J. Hugh Bryan of the UNC School of Medicine.

HADZIJA NAMED TO TEACHING AWARDS COMMITTEE

Professor B. W. Hadzija, UNC School of Pharmacy, has been named by Chancellor N. Ferebee Taylor, to serve as a member of a University committee to nominate faculty members for awards consideration for excellence in undergraduate teaching.

Dr. Hadzija has been a faculty member of the UNC School of Pharmacy since 1971. She

was a recipient of the 1975 Tanner Award for inspirational teaching.

ECKEL KEYNOTES ASCP UNIT DOSE SEMINAR

Frederick M. Eckel, M.S., Chairman of the Division of Pharmacy Practice of the School of Pharmacy at the University of North Carolina at Chapel Hill keynoted the ASCP seminar, "Unit Dose Systems: The Basics and Beyond." The day long program funded through a training grant awarded by Region V of DHEW was held February 20, 1977 in Chicago at the Hyatt Regency O'Hare.

The seminar examined what the introduction of a unit dose system means to the long-term care facility, to the consultant pharmacist, and to the patient.

FINANCIAL AID FOR PHARMACY STUDENTS

Pharmacy students have received approximately \$190,000 in financial aid this school year. This money comes from many sources—N. C. Department of Human Resources, private scholarship and loan fund donors, UNC Student Stores Scholarships, Consolidated Loan Fund of N. C. Pharmaceutical Association, and various Federal Programs. The largest single source of such funds is the Federal Capital Contributions Program (Health Professions Loans). This program has made available to the School of Pharmacy a total of \$103,552 for the fiscal year 1977. However, in order to get this money, the School had to provide one-ninth of that amount (\$11,511) in matching funds. We have been able to do this, and thus claim the Health Professions Loan funds offered, only because of financial support given the School by the North Carolina Pharmaceutical Research Foundation. This is another indication of the invaluable contributions which the NCPRF is making to Pharmacy education.

A reminder—applications for financial aid for 1977 Summer School and the 1977-78 academic year are being accepted now in the Office of Student Aid in Vance Hall.

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BIRTHS

Mr. and Mrs. Robert Ray Lucas announce the birth of a son, Jason Robert, born January 19th at Durham County General Hospital. The Lucases live at Rt. 2, Box 510, Falls of New Hope Estates, Chapel Hill. Mr. Lucas was a member of the 1970 graduating class at the UNC School of Pharmacy.

Mr. and Mrs. Michael W. Craven announce the birth of their first child, Hannah Nicole, on December 4, 1976. Michael is a 1971 graduate of the UNC School of Pharmacy and is presently employed with Caswell Center in Kinston as the Director of Pharmacy Service.

DEATHS

DELMA D. HOCUTT

Delma D. Hocutt, Henderson pharmacist, died January 10 following a period of declining health. A native of Durham, born September 5, 1900, Mr. Hocutt was a 1920 graduate of the UNC School of Pharmacy.

Prior to retirement, he operated the Page-Hocutt Drug Company of Henderson. His service record includes member of the board of health, president of the Henderson Drug Club and during WWII, was Vance County chairman of the War Bond Drive.

Surviving are his wife, Mrs. Gertrude B. Hocutt; a daughter and sister; four grandchildren, two nieces and one nephew. Interment was in Elmwood Cemetery.

M. H. HOYLE

Marion Hudson Hoyle, age 87, Cooleemee pharmacist, died January 29 in Rowan Memorial Hospital, Salisbury. Mr. Hoyle established the Cooleemee Drug Company in 1916 and operated it for 56 years until his sons assumed active management of the pharmacy.

Survivors include his wife; three sons, Hudson and Bob Hoyle of Cooleemee and Edgar Hoyle of Emerald Isle; two sisters, a brother and seven grandchildren.

EARLE JONES

Earle Jones, 84, Raleigh, retired vice president of the W. H. King Drug Company, died January 27.

Mr. Jones came to Raleigh in 1941 as assistant buyer and acting sales manager of King Drug. He was named vice president in 1943 and continued in charge of purchases and sales until retirement in 1965.

He was a life member of the Traveling Men's Auxiliary of the NCPHA.

IN MEMORY OF P. W. KENDALL

The Kendall Drug Company of Shelby has made a substantial contribution to the TMA Foundation in memory of the late P. W. Kendall of Charlotte.

For many years Mr. Kendall was associated with Burwell & Dunn Drug Company (new McKesson & Robbins) as a sales representative in the Charlotte area.

ABOUT THE 1976 TAX REFORM ACT

Commerce Clearing House says the new law is, without doubt, the most sweeping tax measure to clear Congress since enactment of the International Revenue Code of 1954. *Prentice-Hall* says the law is the most comprehensive, complex and massive overhaul of our tax system that has ever been attempted. It affects every taxpayer in the country.

Such statements by the country's largest technical tax publishers demonstrate that small business owners need tax help *now*, more than ever before. The new reform act, on top of an already complex tax law, boggles the minds of even the most experienced tax advisers. Yet amidst all this complexity, *SMALL BUSINESS TAX CONTROL* continues to advise business owners how they can reduce their tax cost—and the advice is given in quick, simple language which business owners can readily understand.

The Association recommends that you subscribe to this monthly advisory service, as did 11,000 business owners in 1976. The service is available through the Association office at the low, group rate of \$36, tax deductible.

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ALEX McCrackin

(From Hospital Heartbeat, Publication of the New Hanover Memorial Hospital)

One of New Hanover Memorial Hospital's most familiar figures, Pharmacist Alex McCrackin, retired recently, after a life-long career in his chosen field and which the last nine years were spent at this institution.

"Mr. Mac", as he is best-known there, came to the Pharmacy Department in April 1967, about three months before the hospital opened officially, and helped get the institution ready to open on June 14, 1967. Prior to that, he was a pharmacist at Henriksen's for three years. Before that, he owned the family pharmacy in Bamberg, S. C., which had been owned earlier by his father. "The drug store was the family business for more than 60 years," he said the other day, "and one day an old classmate of mine, Mr. Henriksen of Wilmington, came by and made me such a good offer, I sold the store and moved up here."

He helped organize the Pharmacy Society of New Hanover County, and he worked two years on the N. C. Pharmacy Commission for Continuing Education. In 1959, he served as president of the South Carolina Pharmaceutical Association, and the following year he won the Squibb Distinguished Service Plaque.

Mr. McCrackin was graduated from Presbyterian College with a B.S. degree in chemistry, studied pharmacy at the Medical University of South Carolina, and became the first graduate there with a degree in pharmacy.

He had an unusual hobby until health reasons forced him to give it up. He was a popular and long-time football official for South Carolina high schools, and was referee for many of the top games in the state when he was active.

He is married to the former Virginia Plowden of Summerton, S. C. She is librarian at Mary C. Williams School. They have a son who is a golf professional in Greenville, S. C., and a daughter who teaches school in Charleston Heights, S. C.

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	Henry A. Trudeau	3915 Winfield Dr., Charlotte, NC 28205



OFFICERS OF THE TRAVELING MEN'S AUXILIARY, NCPHA, 1976-77 (left to right) W. F. Elmore, president; Roland G. Thomas, first vice-president; W. H. Andrews, second vice-president; and L. M. McCombs, secretary-treasurer. Not shown: David F. McGowan, assistant secretary-treasurer. Photo by Colorcraft.

WAKE COUNTY

Implementation of MAC/EAC in North Carolina was discussed by Benny Ridout, Pharmacist Consultant, N. C. Department of Social Services, at the January 4th meeting of the Wake County Pharmaceutical Association.

Guest speaker at the February 1 meeting, held in Raleigh at Balentine's Restaurant, was David Work, Secretary-Treasurer of the North Carolina Board of Pharmacy.

The Raleigh Women's Pharmacy Auxiliary has compiled a booklet listing the names/addresses and DEA numbers of Raleigh doctors/dentists/pharmacies. The publication's price is \$2.00 a copy.

WEST ELECTED

W. Artemus West, pharmacist owner of Tart & West Pharmacy, Roseboro, was installed as president of the Cape Fear Pharmaceutical Society at the organization's January meeting in Fayetteville.

Guest speaker at the officer installation meeting was Tom Burgiss, President of the N. C. Pharmaceutical Association.

METRICATION

This is the most exciting news to come down the pike in recent months: Once metrication gets into full swing, pound cake will be known as 0.5 kilogram cake.

DENTON JOINS ROBINS

Philip G. Denton has joined A. H. Robins Company, Richmond-based pharmaceutical firm, as a medical service representative.

Denton, who holds a Bachelor of Arts degree from North Carolina State University, has been assigned to the company's South Atlantic Division and will be working the Hickory, North Carolina area.

AN INTERESTING SLANT ON ECONOMICS

A customer recently admitted to a pharmacy owner that she was paying only a part of her account, since he did not charge the usual 1½% per month now being charged by most retail establishments (also by some professionals). She said she paid the interest-bearing indebtedness first!

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RECENT CHANGES

federal register

Price List

Informational
Bulletin #433-76

National
Health
Insurance

special report

Malpractice
insurance:

Health care doesn't
need more red tape

Drug
Substitution

RESEARCH

Will MAC
cut Rx costs?

S

Mailgram

THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND THE PATIENT.

Pharmacy today is in the spotlight, subjected to all kinds of scrutiny. Your actions are being monitored and judged, sometimes by unknown third parties.

The worry is that in the wake of this focus, your relationships with both doctors and patients will be weakened, without offsetting benefits. Consider three examples:

Drug substitution Until recently, state pharmacy laws, regulations, or professional custom have stipulated that non-generic prescriptions be filled with the precise products prescribed. But in the last five years, a number of these laws or regulations have been changed, permitting you, in varying degrees, to make the selection when a multi-source product is ordered.

These changes have been taking place against a background of growing evidence that purportedly-equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA has not enforced the same standards for hundreds of "follow-on" products that it has applied to original NDA approvals. This situation, it seems to us, is a compelling reason for product selection to rest on a sensible interchange between doctors and pharmacists—and not on legislative action.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant overall savings has been produced, nor is any likely, given the needs of pharmacy and the record of government in administering cost control programs.

MAC Maximum Allowable Cost, MAC for short, is a federal regulation intended to cut the government's drug bill by setting price ceilings for multi-source drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies in the prescription that a particular product is medically necessary, the government intends to pay only for the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect

of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right, regardless of your economic or professional judgments. Pharmacists will have little to say about administration of the program, since government will have absolute authority to make its prices and fees stick. For other multi-source drugs on the MAC list, your reimbursement would be limited to a product price on a government "estimated acquisition cost" list and a state-established professional fee.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than \$1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to patients: the cost of the research is more than ten times what it was, per product, in 1962, and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years or more now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present complex approval process contributes to needless delay of drug therapy. That's why the increased efficiency of the drug and device approval process is vital to all our futures.

We suggest you make your voice heard on these issues—among your colleagues and your representatives in state legislatures and in the U.S. Congress.

It could make a difference to patients and to the practice of your profession tomorrow.

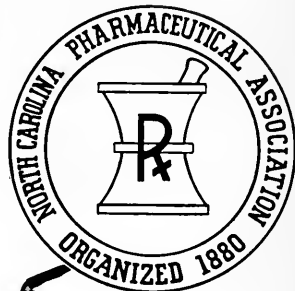
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NEW PHARMACIES

- (1) Revco Discount Drug Center, 356 West Hudson Street, Fayetteville. Douglas M. Williams, pharmacist manager.
- (2) Richardson's Pharmacy, Jet Way Shopping Center, New Walkertown Avenue, Winston-Salem, Toby A. Richardson, Jr., pharmacist manager.
- (3) Crown Drug, Inc., Westwood Village Shopping Center, Lewisville-Clemmons Road, Clemmons. Charles D. Duffey, pharmacist manager.

CHANGE IN OWNERSHIP

- (1) Pineville Drug Company, 314 Main Street, Pineville. Douglas T. Corwin, pharmacist manager.
- (2) Fox Drug Company, Inc., 122 East Washington Street, Rockingham. James E. Williams, pharmacist manager.

INSTITUTIONAL

Student Health Action Committee Clinic (LSP), Chapel Hill/Carrboro Multipurpose Center, 410 School Lane, Chapel Hill. William T. Sawyer, pharmacist manager.

RECIPROCITY

- (1) Verona Louise Bartz from Michigan
- (2) Kirk Alan Maness from Nevada

POLICY STATEMENT

Lederle's product liability coverage will protect the pharmacist or pharmacy from liability arising out of a claim when a Lederle product is properly dispensed or sold under the following conditions:

- A. A Lederle branded product is properly dispensed in accord with a prescription for that Lederle product.
- B. A Lederle product is used to fill a generic prescription whereon no manufacturer is specified.
- C. A Lederle product is used to fill a branded multisource or generic prescription whereon the manufacturer is specified but due to the repeal of anti-substitution laws and formulary agreements such action is legal.

Provided the following conditions are met:

1. Lederle is given prompt notice of a claim by Certified Mail.
2. The pharmacist or pharmacy has maintained adequate records on the product dispensed or sold and makes such records available to Lederle.
3. The pharmacist or pharmacy cooperates fully with Lederle in the defense of the claim.
4. There is no evidence that the pharmacist or pharmacy has made any warranty regarding the product, or has changed the product, or has acted improperly or negligently; if such should occur, the pharmacist must look to his own professional liability policy.

THE 1977 CONVENTION

**COMPLETE CONVENTION DETAILS
APRIL ISSUE OF THE CAROLINA JOURNAL OF PHARMACY**

This crook was a "klutz"

by Thad L. Weber, Security Consultant, SK&F Laboratories

The place. A typical drugstore in a residential area.

The time. Any night—one beacon in a darkened row of "closed for the day" retailers.

The plot. Robbery.

The cast. A lone proprietor and a would-be killer. (Yes, all robbers are armed and they do violent things—sometimes without provocation!)

Curtain time. Shortly before 9:00 p.m., a fidgety male character emerged from the shadows, paused outside the pharmacy and peered nervously through the show-window. Satisfied the shopkeeper was alone, and reassured by the "cover" the cluttered show-windows provided, the robber entered the store, sidled to the counter, pulled a "Saturday night special" and announced the holdup.

The attacker relieved the pharmacist of his keys, locked him in a supply closet, locked the entrance door from the inside, and after emptying the cash register, began ransacking the shelves looking for drugs.

Tense and anxious to escape, the robber's antics were as frantic as a Mack Sennett comedy—and in his haste the villain misplaced the keys to the door. Unable to escape, the panicky robber's actions caught the eye of a cruising policeman, and one bad actor's career was interrupted—temporarily.

Epilogue. Unfortunately, these amateur but deadly actors multiply rapidly in periods of unemployment. And they're drawn to the shining light of the pharmacy which is likely to be

staffed at night by only one or two individuals.

Rx for Security. To be sure, would-be robbers are turned off by large numbers of employees, but this is one cure which may be worse—economically—than the disease. So we turn to other affordable, effective prescriptions for the prevention of robbery.

A. Electric entrance door lock releases.

These may be installed at nominal cost by your local locksmith and remotely controlled at the counter.



Thad L. Weber

In this manner, a lone employee has the opportunity to deny entry to someone who is unknown in the neighborhood or who is acting suspiciously. *Further*, when alerted to the existence of the electric lock control, the would-be attacker is quick to recognize this possible threat to his escape after a robbery and will, in most instances, drop you from his target list.

Note 1. This deterrent technique is equally effective during daylight periods when limited staff is on hand.

Note 2. Electric releases may be wired so they can be turned off during busy periods.

Note 3. Electric door releases should be installed in conformance with local safety ordinances.

- B. **Window displays and posters.** These are essential to sales, *but* in most instances, they can be more carefully placed so as to provide passersby and patrolling police a clear view of the counter area where an employee will normally be positioned.

Some retailers have installed inexpensive, plastic view magnifying lenses on their show-windows or entrance doors. These "eye-catching" devices attract pedestrians and invite their observation of the premises, thereby deterring criminals from their attack.

- C. **Lighting.** This is also a deterrent to robbery. Make sure the service counter area is spotlighted and exterior lighting is adequate to attract the attention of motorists—also to "highlight" the escaping criminal. While street lighting may serve normal purposes, some retailers have found the use of unusual lighting—high intensity, rapid-flashing, or special color—a more effective way of focusing attention on the scene, thereby keeping the criminal off their stage!

Stuart Kinney, executive director of Someone Who Cares, Inc., presented the purpose and goal of his organization which is to maintain residential facilities and provide supervised homelife settings for neglected adolescent girls. The project has the approval of the North Carolina Department of Human Resources, social workers, judges, and counselors of the Juvenile Court, as well as concerned citizens.

HUMOR DEBTOR WHEN ACCEPTING PAYMENT IS ADVICE OF COLLECTION SERVICE MAILER

Debtors Say the Darndest Things is the theme of a series of six folders being mailed with 60-Day Activity Reports to all members actively employing the association approved collection service provided by I. C. Systems, Inc.

The first one, mailed in January and February, deals with the need for a debtor to save face. Most people like to blame others for their failures while claiming personal credit for their successes. Thus, when coming in to pay an overdue bill, a debtor is likely to insist that his decision to pay up was made independently of any outside pressure. He may even deny that he received any past due notices or that your collection agency had ever been in contact. Allow the debtor to tell his little story, thus saving face, and enabling him to come back again—on a cash basis.

The Company speaks from long experience. It was founded in 1938 and set a new all time collection record during 1976 of \$18,098,313. That represents an increase of 35.4% over the previous record set during 1975, and, is a continuation of an accelerating growth trend.

CHARLOTTE

Reported by Mrs. W. B. Hawfield

The January meeting of the Charlotte Women's Pharmaceutical Auxiliary, held at the YWCA, was conducted by Mrs. Don Weathers, president.



CLASSIFIED ADVERTISING

Classified advertising (single issue insertion) 10 cents a word with a minimum charge of \$3.00 per insertion. Payment to accompany order.

Names and addresses will be published unless a box number is requested.

In replying to "blind" ads, address Ad. No., Carolina Journal of Pharmacy, P. O. Box 151, Chapel Hill, N. C. 27514.

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Coffee and hot chocolate vending machine. Fully automatic. Excellent condition. Money-maker in right location. \$799. Will guarantee for one year. 919/823-6082.

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RELIEF PHARMACIST


Do you need a relief pharmacist? Call 919/967-6495, Chapel Hill. Pharmacy Relief of North Carolina.



OFFICERS OF THE NORTH CAROLINA SOCIETY OF HOSPITAL PHARMACISTS—Left to Right—George Willets, Immediate Past-President and Chairman of the Board of Directors; Steve Caiola, Executive Secretary; Martha Ann Wyke, Treasurer; Jack H. Upton, President; J. Heywood Hull, III, President-Elect.

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and modernization service in this area
through your  representative.



CONSULTATION Our design consultant will work with you from rough idea through finished plan. He'll carefully analyze every facet of your operational needs and potential, and recommend practical solutions.



DETAILED PLANNING For a single department or a complete new store, our design consultant will prepare detailed plans assuring you the most effective arrangement, the best traffic patterns, the most sales stimulating Columbus fixtures, displays and decor.



INSTALLATION He'll then supervise the installation of your new Columbus fixtures, work with all trades involved to see that your new selling environment is complete and workable in every detail ... in the shortest possible time.



FOLLOW THROUGH And he'll help you through the "break-in" stage, seeing to it that your new fixtures serve you and your customers as designed.

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we are offering area druggists the finest, and most extensive lines of store merchandising display fixtures, plus complete store planning and modernization service available anywhere. As one of America's oldest, most experienced manufacturers of store equipment, Columbus has everything you need to up-date your store and make it more profitable. Just ask your **O.M.B.** representative for details.

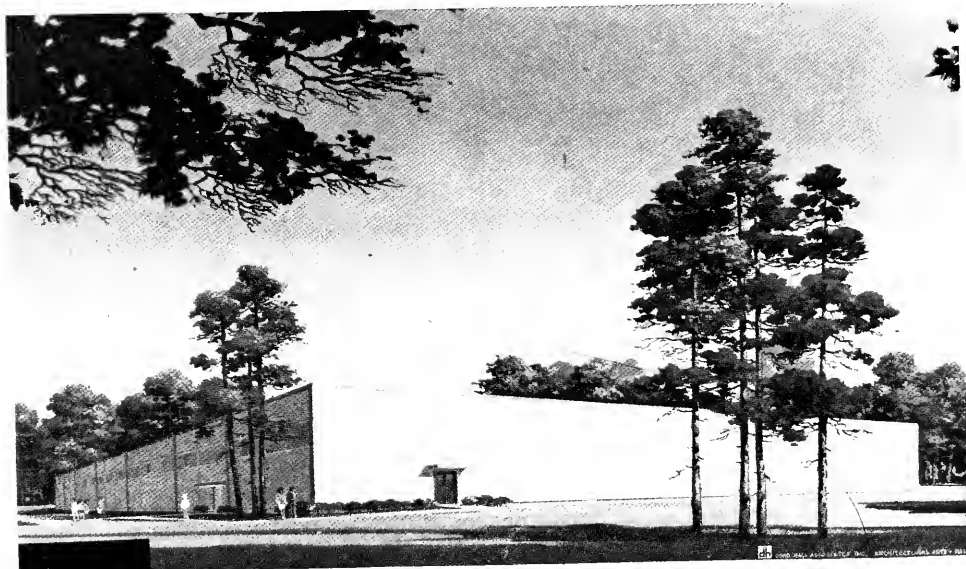
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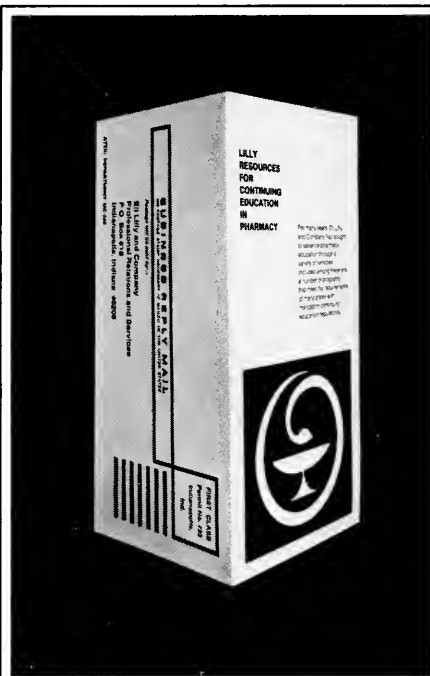
1977 ANNUAL CONVENTION

- N. C. Pharmaceutical Association
- Traveling Men's Auxiliary
- Woman's Auxiliary

HOLIDAY INN FOUR SEASONS GREENSBORO

- SUNDAY, APRIL 24
- MONDAY, APRIL 25
- TUESDAY, APRIL 26

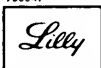




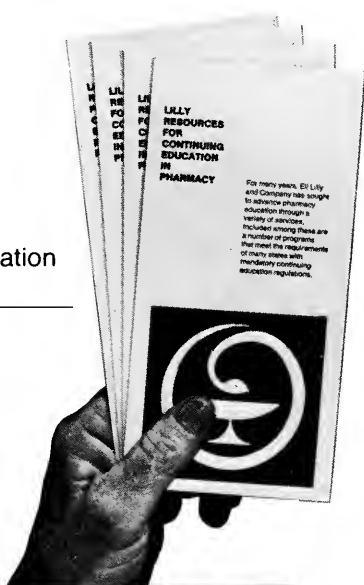
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CONVENTION INVITATION

Looking Forward to Meeting and Greeting Our

Many Friends at the

97th

Annual Convention of the NCPHA

50th

Annual Convention of the Woman's Auxiliary

of the NCPHA

63rd

Annual Convention of the T.M.A. of the NCPHA

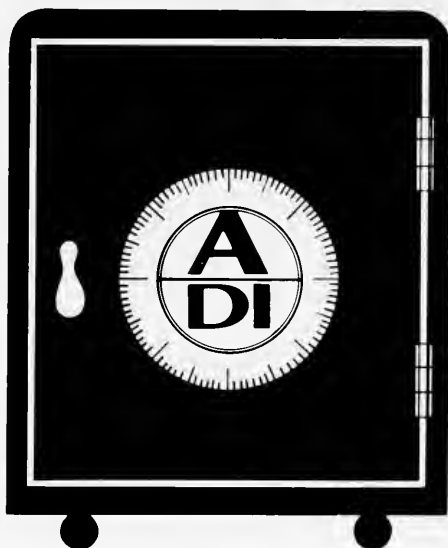
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THE CAROLINA JOURNAL of PHARMACY

APRIL 1977

VOLUME 57

NUMBER 4

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, Box 151, Chapel Hill, N. C. Subscription rate: \$3.00 a year; single copy, 25 cents. Second class postage paid at Chapel Hill, North Carolina 27514.

**97TH ANNUAL MEETING
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION
THE HOLIDAY INN—FOUR SEASONS
Greensboro, North Carolina
April 24-25-26, 1977**

THE CONVENTION-IN-BRIEF

SUNDAY, APRIL 24

- 12:00 Noon **REUNION**—Class of 1967, UNC School of Pharmacy
 1:00 p.m. **REGISTRATION DESKS OPEN**
 1:00 p.m. **TREASURE HUNT OPENS**—Board Room—A Woman's Auxiliary Project
 1:30 p.m. **N. C. PHARMPAC MEETING**—*Maple, Oak, Cedar Rooms*
 Guest Speaker: Hon. James C. Green, Lt. Gov. of North Carolina
 3:00 p.m. **AWARDS SESSION**—*Dogwood Room*
 4:00 p.m. **RECEPTION HONORING DEAN AND MRS. MIYA**
 *7:00 p.m. **"GOLDEN" DINNER AND OPENING SESSION**—*Imperial Ballroom*

MONDAY, APRIL 25

- 7:30 a.m. **BREAKFAST**—Members of the American College of Apothecaries—*Cypress Room*
 8:00 a.m. **BREAKFAST**—T.M.A. Foundation—*Maple Room*
 9:00 a.m. **NCPHa BUSINESS SESSION**—*Dogwood Room*
 9:30 a.m. **WOMAN'S AUXILIARY**—Buses depart for tour of Greensboro Historical Museum followed by luncheon at *The Carriage House*
 2:00 p.m. **N. C. SOCIETY OF HOSPITAL PHARMACISTS**—Business meeting followed by a Continuing Education Program, developed by Roche Laboratories, entitled "The Pharmacist Antibiotic Therapy Test." The CE Program is open to any interested pharmacist.
 Afternoon **RECREATION OPTIONS:**
 Golf Tournament—*Carlson Farms Course*
 Tennis—Information at desk
 Tour of Blandwood House—\$1.00 Fee
 *7:00 p.m. Bus shuttle transportation begins for the DINNER THEATRE—showing "Under Papa's Picture"

TUESDAY, APRIL 26

- 9:00 a.m. **NCPHa BUSINESS SESSION**—*Dogwood Room*
 9:00 a.m. **COFFEE—50TH ANNUAL BUSINESS SESSION OF THE WOMAN'S AUXILIARY**—*Cypress, Maple, Oak & Cedar Rooms*
 11:00 a.m. **TMA BUSINESS SESSION**—*Cypress, Maple, Oak & Cedar Rooms*
 11:30 a.m. **WOMAN'S AUXILIARY**—Buses depart for the Greensboro Country Club Luncheon and Fashion Show
 *12:00 Noon **NCPHa LUNCHEON**—*Pecan Room*
 2:00 p.m. **NCPHa FINAL BUSINESS SESSION**—*Dogwood Room*
 8:30 p.m. **TMA PARTY**—Entertainment; Installation of Officers of NCPHa, Woman's Auxiliary, and TMA; Dancing to the Harry Snell Orchestra
 *Reservations and tickets through the NCPHa

TO PARTICIPATE IN CONVENTION EVENTS, INCLUDING GOLF, TENNIS, AND THE DINNER THEATRE, YOU MUST BE A CONVENTION REGISTRANT. WEAR YOUR BADGE AND PRESENT APPROPRIATE TICKET.

CONVENTION PROGRAM

97TH ANNUAL MEETING NORTH CAROLINA PHARMACEUTICAL ASSOCIATION Greensboro, North Carolina

OPENING SESSION AND "GOLDEN" DINNER

Imperial Ballroom

The Holiday Inn Four Seasons

Sunday, April 24, 1977

Seven o'clock

A. H. Mebane, III, Convention Chairman, *Presiding*

CALL TO ORDER

N. C. Pharmaceutical Association—Tom R. Burgiss, *President*

Woman's Auxiliary, NCPHA—Mrs. L. Milton Whaley, *President*

Traveling Men's Auxiliary, NCPHA—W. F. Elmore, *President*

INVOCATION

The Reverend George Carpenter, *Pastor*, Starmount Presbyterian Church

* * *

Tom R. Burgiss, *Presiding*

GREETINGS

Tom Z. Osborne, *City Manager*, City of Greensboro

WELCOME

John E. Nance, *President*, Guilford County Society of Pharmacists

APPRECIATION—Woman's Auxiliary, 50th Annual Meeting

(Recognition of Charter Members and Past-Presidents)

INTRODUCTION OF SPEAKER

W. J. Smith, *Executive Director*, N. C. Pharmaceutical Association

"CARE AND CONTROL OF THE HUMAN TONGUE"

Dr. Andrew D. Holt, *President Emeritus*, The University of Tennessee

ANNOUNCEMENTS

PRIZE DRAWING

ADJOURNMENT

Dinner reservations and tickets through NCPHA

THE 1977 CONVENTION

Valuable prizes, the least of which will be \$10,000 in U. S. currency, will be given away at the conclusion of each NCPHA business session. Prize tickets will be available prior to each NCPHA business session.

SECOND SESSION, NCPHA**MONDAY MORNING, APRIL 25****Nine o'clock****Dogwood Room****Tom R. Burgiss, Presiding****CALL TO ORDER****IN MEMORIAM****THE PRESIDENT'S ADDRESS**

Mr. Burgiss, with First Vice-President Eugene Hackney presiding

REPORTSNational Pharmacy Legislative Affairs—George P. Hager, *Chairman*Institutional Pharmacy—Stephen M. Caiola, *Chairman***CURRENT PHARMACY PROBLEMS AND OPPORTUNITIES**

John T. Henley, Majority Leader, North Carolina Senate

Rep. Barney Paul Woodard, Chairman, House Health Committee

Benny Ridout, Pharmacy Consultant, N. C. Department of Social Services

W. H. Wilson, Director of Professional Services, E.D.S.-F Corporation

THE ALL AMERICAN PHARMACY PANEL

Edward S. Albers, Jr., General Manager, Albers Drug Company

Seymour Holt, General Manager, Dista Products Company

Howard Stark, Chairman of the Board, American College of Apothecaries

TOPIC: PHARMACY '77—ISSUES & ANSWERS**PRIZE DRAWING****ANNOUNCEMENTS****ADJOURNMENT****MONDAY AFTERNOON**

There are no business sessions scheduled, and the following activities are offered:

- Golf Tournament—Greens Fees by Owens-Illinois
- Continuing Education Program—developed by Roche Laboratories. Sponsored by N. C. Society of Hospital Pharmacists
- Tennis
- Continuation of Treasure Hunt
- Tour of Blandwood House—\$1.00 fee
- Shopping at the Mall

Information on the above available at Convention Registration Desk.

MONDAY EVENING

"UNDER PAPA'S PICTURE"—Barn Dinner Theatre—Bus shuttle transportation begins at 7:00 p.m.

The Wholesale Druggists of North Carolina are picking up the tab for the Monday night dinner theatre except for \$5 each. These \$5 tickets are available on the basis of one ticket per registrant. (Reservations through NCPHA)

OF SPECIAL INTEREST TO WOMEN PHARMACISTS:

YOU MAY ATTEND THE LUNCHEONS OF THE WOMAN'S AUXILIARY, NCPHA, BY PURCHASING TICKETS AT \$6.00 EACH. THE MONDAY LUNCHEON WILL BE HELD AT THE CARRIAGE HOUSE, THE TUESDAY LUNCHEON AT GREENSBORO COUNTRY CLUB.

THIRD SESSION, NCPHA**TUESDAY MORNING, APRIL 26****Nine o'clock****Dogwood Room****Herman W. Lynch, *Presiding*****INVOCATION****CONTINUING EDUCATION**A report by Claude U. Paoloni, *Chairman***THE N. C. BOARD OF PHARMACY**A report by David R. Work, *Secretary-Treasurer***THE UNC SCHOOL OF PHARMACY**A report by Tom S. Miya, *Dean***THE STUDENT BRANCH, NCPHA/APhA**Jane Hall, *President***THE CONSOLIDATED PHARMACY LOAN FUND**Robert B. Hall, *Chairman***THE PHARMACEUTICAL INDUSTRY: Philosophy-Objectives-Activities**Glorida R. Sabatini, *Director of Pharmacy Affairs & Health Programs*
Smith Kline & French Laboratories**DEA's VOLUNTARY COMPLIANCE PROGRAM**Delbert D. Konnor, *Staff Coordinator for Voluntary Compliance*
Drug Enforcement Administration**NORTH CAROLINA PHARMACY AND THE CONSUMER**Dr. Jean Paul Gagnon, *Associate Professor, UNC School of Pharmacy***PRIZE DRAWING****ANNOUNCEMENTS****ADJOURNMENT****FOURTH SESSION, NCPHA****TUESDAY AFTERNOON, APRIL 26****Two o'clock****Dogwood Room****Tom R. Burgiss, *Presiding*****CALL TO ORDER***When the NCPHA membership is not in convention assembled, the year-round work of the association is carried out by your elected officers and appointed committees. Therefore, the following reports represent activities of the 1976-1977 Association year.***REPORTS**Delivery of Pharmaceutical Service—A. Wayne Pittman, *Chairman*Insurance—Hunter L. Kelly, *Chairman*Consumer Affairs—C. Michael Whitehead, *Chairman*Public Health and Welfare—Kenneth Edwards, *Chairman*Public and Professional Relations—Bob Lafferty, *Chairman*Employer/Employee Relations—Mickey Watts, *Chairman*State Legislation—C. Louis Shields, *Chairman*Community Pharmacy—J. Marshall Sasser, *Chairman***FINANCIAL REPORTS**NCPHA Endowment Fund/Institute of Pharmacy—B. Cade Brooks, *Chairman*NCPHA Central Office and Fiscal Affairs—W. J. Smith, *Executive Director***CLOSING REPORTS**

Resolutions

Time and Place

Convention Attendance—A. H. Mebane, III, *Convention Registrar*

Nominations

PRIZE DRAWING**ANNOUNCEMENTS****ADJOURNMENT**

WOMAN'S AUXILIARY, NCPHA**SUNDAY, APRIL 24**

- 1:00 p.m. **REGISTRATION DESKS OPEN**
 1:00 p.m. **OPENING OF "TREASURE HUNT"**
 3:00 p.m. **AWARDS SESSION**—Bowl of Hygeia, Blanton Award, Academy of Pharmacy,
 50+ Certificates
 4:00 p.m. **RECEPTION**, honoring Dean and Mrs. Tom Miya
 * 7:00 p.m. **"GOLDEN" DINNER and Opening Session of Convention**
*(Charter Members and Past-Presidents of the Woman's Auxiliary will be recog-
 nized as a part of the celebration of the Auxiliary's 50th Annual Convention)*

MONDAY, APRIL 25

- 9:30 a.m. Bus departure for a tour of Greensboro Historical Museum, followed by lunch at
 the Blandwood Carriage House
 Afternoon Options:
 • Tour of Blandwood House—\$1.00 fee
 • Golf Tournament—details at registration desk
 • Tennis—details at registration desk
 • Continuation of Treasure Hunt
 * 7:00 p.m. *Bus shuttle service starts for DINNER THEATRE production of "Under Papa's
 Picture". You may secure your ticket for just \$5 instead of the usual \$12 to \$15 fee,
 through the co-sponsorship of the Wholesale Druggists of North Carolina. (Hus-
 bands of Auxiliary members who are not members of the NCPHA or TMA may be
 registered as convention visitors at \$12.50 and will then be eligible to purchase the
 Barn Theatre ticket for \$5.00. This pre-convention rate is available to April
 14—afterward the visitor fee will be \$15. You may request a visitor pre-registration
 form from the NCPHA office.)*

TUESDAY, APRIL 26

- 9:00 a.m. Coffee and FIFTIETH ANNUAL BUSINESS SESSION of the Woman's Auxiliary
 11:30 a.m. Bus departs for a Luncheon and Fashion Show at the Greensboro Country Club
 4:00 p.m. Drawing for Treasure Hunt Prize
 8:30 p.m. TMA Entertainment
 9:30 p.m. Installation of NCPHA, Woman's Auxiliary, and TMA Officers
 10:00 p.m. TMA Dance

CONVENTION COMMITTEESMrs. David Montgomery, *Auxiliary Convention Director*

<i>Hospitality</i>	Mrs. J. M. Egbert
<i>Door Prizes</i>	Mrs. D. C. Bracker
	Mrs. C. C. Graham
<i>Pages</i>	Mrs. A. H. Mebane, III
	Mrs. D. C. Bracker
<i>Publicity</i>	Mrs. E. S. Setzer
<i>Decorations</i>	Mrs. Jack H. Upton
<i>Transportation</i>	Mrs. S. T. Forrest
<i>Tuesday Luncheon</i>	Mrs. W. P. Brewer

Pages

Mrs. Jeffrey G. Blanchard
 Mrs. Joseph L. Johnson, Jr.

Marci Bracker
 Ann Mebane

TRAVELING MEN'S AUXILIARY, NCPHAW. H. (Bill) Andrews, *Convention Chairman***PROGRAM***(All events in Holiday Inn Four Seasons unless otherwise noted)***SUNDAY, APRIL 24**

- 1:00 p.m. **REGISTRATION DESKS OPEN**—*Main Lobby*
 1:30 p.m. **N. C. PHARMPAC MEETING**—*Maple, Oak & Cedar Rooms*
 Guest Speaker: Hon. James C. Green, Lt. Gov. of N. C.
 1:00 p.m. **OPENING OF "TREASURE HUNT"**—*Board Room*
 3:00 p.m. **AWARDS SESSION**—*Dogwood Room*
 4:00 p.m. **RECEPTION HONORING DEAN & MRS. MIYA**—*Poolside*
 7:00 p.m. **"GOLDEN DINNER" & OPENING OF GENERAL SESSION**—*Imperial Ballroom.*

MONDAY, APRIL 25

Members of the TMA are cordially invited to attend the business sessions of the NCPHA, starting at 9 a.m. in The Dogwood Room

AFTERNOON ACTIVITIES

- Golf Tournament at Carlson Farms. Details at registration desk. Leonard G. Phillipps, Jr., Chairman. Sponsored by Owens-Illinois, Prescription Products.
- Tennis
- "The Pharmacist Antibiotic Therapy Test"—2 hour program sponsored by N. C. Society of Hospital Pharmacists in cooperation with Roche Laboratories.

EVENING EVENT

Dinner at the Barn Theatre (bus shuttle starts at 7 p.m.) and Comedy: "Under Papa's Picture". Each registrant pays \$5 towards admission to dinner show which is co-sponsored by the Wholesale Druggists of North Carolina.

TUESDAY, APRIL 26

- 11:00 a.m. **TMA Business Session**—*Cypress, Maple, Oak & Cedar Rooms*
 8:30 p.m. **Variety Show and Dance** (Harry Snell Orchestra) sponsored by T.M.A. Installation of officers at break. *Imperial Ballroom.*

MEMBERS OF THE TMA ARE INVITED TO ATTEND THE PHARMPAC MEETING (LT. GOV. GREEN, GUEST SPEAKER) AND THE RECEPTION HONORING DEAN AND MRS. MIYA ON SUNDAY; ALSO THE 2-HOUR CE PROGRAM ON MONDAY AFTERNOON. TICKETS TO THE VARIOUS FOOD EVENTS MAY BE PURCHASED FROM THE NCPHA.

1977 NCPHA CONVENTION GUEST SPEAKER

DR. ANDREW DAVID HOLT

SUNDAY, APRIL 24, 7 P.M.

**SUBJECT: CARE & CONTROL OF THE
HUMAN TONGUE**

Dr. Andrew David (Andy) Holt, President Emeritus of The University of Tennessee, has served in virtually every capacity of the educational field and was awarded the highest honor that America's teachers can bestow upon a member of their profession—President of the National Education Association. He was Chairman of the U. S. Delegation to the World Organization of the Teaching Profession at Berne, Switzerland, and has served as president or board chairman of various educational organizations in his region and the nation. He was a charter member of the Steering Committee of the Education Commission of the States, and has served as president of the Southern Association of Colleges and the Southeastern Athletics Conference.

Aside from his educational activities, Dr. Holt is a former member of the Board of Directors, Nashville Branch, Federal Reserve Bank of Atlanta. He was a charter member of the Board of Governors of the U. S. Postal Service and is currently serving as a member of the Board of Directors of South Central Bell Telephone Company; United American Bank of Knoxville; McDowell Enterprises, Incorporated; Tennessee Natural Gas Lines, Incorporated; Holiday Inn University; and Tennessee Performing Arts Foundation. He is also serving as Educational Consultant to Delta Air Lines, Incorporated; Holiday Inns, International; and American School.

Dr. Holt has delivered addresses in every state of the United States and various countries of Europe and Asia. He was recently selected as Tennessee's recipient of the National Education Association's Bicentennial Award.

Dr. Holt is married to the former Martha Chase of Memphis, Tennessee. They have three children: Ann (Mrs. Dean Skadberg of Cincinnati, Ohio); Frances (Mrs. William V. Dotterweich of Knoxville, Tennessee); and Andy, Jr., of Nashville. They also have eight grandchildren.



Dr. Andrew D. Holt

GEORGE GASKINS HONORED AS MEMBER OF TOP TEN BY ASSOCIATION COLLECTION SERVICE

George Gaskins was honored as one of its top representatives by I. C. System, Inc., at an awards banquet in St. Paul, Minnesota, on February 17.

Gaskins, whose area is in southern North Carolina, enrolled 312 business and professional people in the company's collection program during 1876. Both service to clients and collections achieved in his area of responsibility were judged to be exceptional. For clients in North Carolina, collections were well over half a million dollars, up 27% over the previous year.

This was a particularly noteworthy achievement for Gaskins, as 1976 was his first full year in the field organization.

I. C. System, Inc., now serves the members of some 800 state business and professional associations in all of the 48 mainland states. Collections last year were \$18 million, up 35.4% over the previous all-time record set in 1975.

OFFICERS 1976-1977

NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

<i>President</i>	Tom R. Burgiss, Sparta
<i>First Vice-President</i>	Eugene W. Hackney, Lumberton
<i>Second Vice-President</i>	Herman W. Lynch, Dunn
<i>Third Vice-President</i>	Joe C. Miller, Boone
<i>Secretary-Treasurer and Executive Director</i>	W. J. Smith, Chapel Hill

EXECUTIVE COMMITTEE

Tom R. Burgiss, *Chairman*

Eugene W. Hackney, Lumberton
 Herman W. Lynch, Dunn
 Joseph C. Miller, Boone
 W. Whitaker Moose, Mount Pleasant
 Rex A. Paramore, Nashville

Donald V. Peterson, Durham
 Marshall Sasser, Smithfield
 L. Milton Whaley, Durham
 W. H. Wilson, Raleigh
 W. J. Smith, Secretary

WOMAN'S AUXILIARY, NCPHa

<i>President</i>	Mrs. L. Milton Whaley, Durham
<i>First Vice-President</i>	Mrs. R. L. Lewis, Charlotte
<i>Second Vice-President</i>	Mrs. Paul Branch, Boone
<i>Recording Secretary</i>	Mrs. Milton Skolaut, Durham
<i>Corresponding Secretary</i>	Mrs. Shelton B. Boyd, Mt. Olive
<i>Treasurer</i>	Mrs. A. H. Mebane, III, Greensboro
<i>Parliamentarian</i>	Mrs. Gilbert Hartis, Jr. Winston-Salem
<i>Historian</i>	Mrs. B. Cade Brooks, Fayetteville
<i>Advisor</i>	Mrs. M. E. Hedgepeth, Henderson
<i>Advisor</i>	Mrs. J. W. Kirkpatrick, Waynesville
<i>Coordinator</i>	Mrs. W. J. Smith, Chapel Hill

TRAVELING MEN'S AUXILIARY, NCPHa

<i>President</i>	W. F. Elmore, Wilmington
<i>First Vice-President</i>	Roland G. Thomas, Charlotte
<i>Second Vice-President</i>	W. H. Andrews, Greensboro
<i>Secretary-Treasurer</i>	L. M. McCombs, Creedmoor
<i>Assistant Secretary-Treasurer</i>	David F. McGowan, Chapel Hill

BOARD OF GOVERNORS

Ray Black, Kernersville	James R. (Bob) Case, Charlotte
Canie B. Smith, Asheville	Zack W. Lyon, Durham
Ray McArtan, Dunn	

While the Convention is in progress, The Drug Enforcement Administration Exhibit will be open to registrants. Delbert D. Konnor, DEA Coordinator for Voluntary Compliance; Vincent Lozowicki of the Baltimore DEA Office and other DEA officials will be present to discuss DEA's Voluntary Compliance Program.

NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

1977 Convention Committees

A. H. Mebane, III, General Chairman

SPEAKERS COMMITTEE

J. Frank Burton, Chairman
David D. Claytor
Ben F. Collins, Jr.
W. S. Dukes

Marion M. Edmonds
Joseph L. Johnson, Jr.
E. R. Kinard, Jr.
J. Frank Pickard

WELCOME COMMITTEE

John E. Nance, Chairman

Ann Angle
James O. Baity
Jimmy Barnes
J. Hilton Barrett, II
Jeffrey G. Blanchard
Theodore D. Bland
Dale C. Bracker
Larry T. Brown
William C. Brown
Joseph F. Browning, Jr.
George R. Buchanan
Arnold Cherson
W. Bernard Collie
Briggs E. Cook
E. Wilson Crawford, Jr.
Randy G. Crawford
T. G. Crutchfield
George H. Edmonds
James M. Egbert
Rebecca H. Elliott
J. N. Eubanks
Floyd H. Evans
Robert W. Foster
Russell E. Franklin
Dewayne Paul Franzen
Keith N. Fulbright
W. H. Fuller, Jr.
Paul L. Gardiner

W. C. Hoffman
Martha H. Kaley
Johnny H. King
F. Hampton Langdon
Sam W. McFalls
Earl D. Mann
Gardner Mann
D. W. Montgomery
Martha F. Nance
Cathy W. Pemberton
J. A. Ranzenhofer
Winfield Rose
T. Wayne Russell
Robert R. Sampson
Walter K. Saunders
Joanne I. Seibert
Robert H. Shearin
Cynthia E. Shinn
J. Richard Smutney
Linda G. Spivey
David Stang
Charles F. Swift
George H. Steele, Jr.
J. W. Tyson
Allan Umstead
Jack H. Upton
Thomas E. Wall
David S. Wheeler

James K. Williams

FAMILY MEMBERS WHO DO NOT BELONG TO EITHER THE NCPHA, TMA OR WOMAN'S AUXILIARY MAY BE REGISTERED AS CONVENTION VISITORS. WRITE NCPHA FOR VISITOR PRE-REGISTRATION CARD.

TAKE ADVANTAGE OF THIS PRE-REGISTRATION DISCOUNT ON OR BEFORE APRIL 14:

3 days	1 day
NCPHA \$25.00	\$10.00
After April 14:	
\$30.00	\$12.50

CONVENTION SPONSORS

In appreciation for substantial support of the 97th Annual Convention of the North Carolina Pharmaceutical Association and Affiliated Auxiliaries, grateful recognition is expressed to the following:

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- THE UPJOHN COMPANY
- YOUNGS DRUG PRODUCTS COMPANY

SPECIAL EVENTS

- NORTH CAROLINA MUTUAL WHOLESALE DRUG COMPANY
Reception honoring Dean and Mrs. Miya
- N. C. SOCIETY OF HOSPITAL PHARMACISTS AND ROCHE LABS.
2-hour CE Program: The Pharmacist Antibiotic Test.

ENTERTAINMENT

- OWENS-ILLINOIS—Rx PRODUCTS
Golf Tournament
- WHOLESALE DRUGGISTS OF NORTH CAROLINA
Barn Dinner Theatre (co-sponsored)
- TRAVELING MEN'S AUXILIARY OF THE N.C.Ph.A.
Variety Show—Dance

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and every pharmacist who dispenses it.

mediately notifying the Company of any claim, demand, or the service of any complaint. This agreement is further expressly conditioned on the pharmacist, or his employer, providing full cooperation to the Company, including complete access to all relevant records, and on **Geigy** Pharmaceuticals having complete control over the conduct and disposition of any claim, demand, or law suit.

This agreement is not applicable if **Geigy** Pharmaceuticals determines that there is evidence of any improper or negligent statement or act, or omission to act, by the pharmacist, or his employer, or if **Geigy** Pharmaceuticals determines that there is evidence that the product has not been properly stored or properly dispensed.

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COMMITTEE SOLICITS APPLICATIONS ASSOCIATE DIRECTOR OF THE NCPHA

The Search Committee of the North Carolina Pharmaceutical Association is now receiving applications from North Carolina Pharmacists for position of Associate Director of the NCPHA.

A position description may be obtained by writing the Chairman of the Search Committee: Mr. Eugene W. Hackney, P. O. Box 1085, Lumberton, N. C. 28358. Tel 919/739-5777.

WOODARD HEADS HEALTH COMMITTEE

Representative Barney Paul Woodard of Princeton has been appointed Chairman of the House Health Committee.

Most of the health orientated legislation introduced during the current session of the North Carolina General Assembly will ultimately find its way to Pharmacist Woodard's committee.

Other committee appointments include appropriations, human resources, corrections, state personnel, water and air resources, military and veterans affairs, agriculture, etc. A veteran in Raleigh's political arena, Representative/Pharmacist Woodard is highly respected by his colleagues who serve with him in the Assembly.

PHARMACY SEMINAR

The 11th Annual Seminar on Socio-Economic Aspects of Pharmacy Practice Chapel Hill, February 16, was attended by 91 registrants.

Copies of the proceedings, now in production, will be available later.

A COLD TALE

By the time you read this, those cold, cold days of January and February will be forgotten.

But the tales generated by the weather are still around. For instance:

Pharmacist/NCPHA Officer Joe Miller of Boone says it was so cold in Boone that he saw two dogs with jumper cables trying to get a rabbit started.

UPJOHN ASSIGNS LINDA BRAWLEY TO CHARLOTTE TERRITORY

Linda Brawley has been assigned to the Charlotte territory of The Upjohn Company. She recently completed four weeks of training at the Upjohn Company Training Center in Kalamazoo, Michigan.

Linda is a graduate of Converse College.

LOCAL/SECTIONAL PHARMACY MEETINGS

Harnett County Pharmaceutical Society, Dunn, February 28 Guest Speaker: NCPHA Secretary W. J. Smith, who discussed the NCPHA 1977 Legislative Program, Medicaid Pharmacy Program, VA Hometown Rx Program, Mental Health Pharmacy Program and Paid Rx's new group prescription plan for United Parcel Service employees and the 1977 NCPHA Convention.

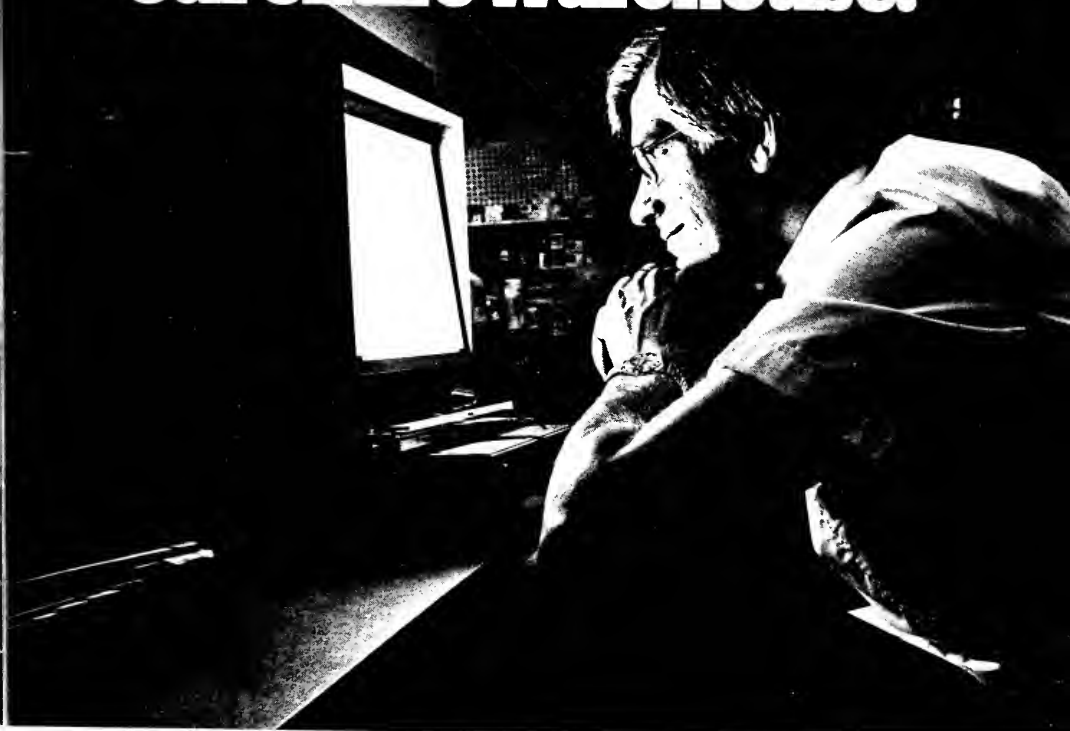
RETURN & DESTRUCTION OF MEDICATION HOMES FOR THE AGED AND INFIRM

The North Carolina Department of Human Resources, Division of Social Services, has requested we publicize this regulation pertaining to "medications" in homes for the aged and infirm:

"Discontinued medications will be returned to the dispensing pharmacist for documented destruction applicable to current Federal and State Law with corresponding records maintained by the administrator.

"Upon death of the resident, his/her medications will be returned to the dispensing pharmacist for documented destruction applicable to current Federal and State Law with corresponding records maintained by the administrator."

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ALLBEE with C SPRING DEAL

(APRIL 1—MAY 27, 1977)

HIGHLIGHTS OF NCPHA EXECUTIVE COMMITTEE IN CHAPEL HILL ON FEBRUARY 15

With NCPHA President Tom Burgiss presiding, the Association's executive committee met in Chapel Hill on February 15 with all members present along with NCPHA Past Presidents B. Cade Brooks and Robert B. Hall.

Major action taken by the committee:

(1) Reviewed financial report for 1976 and preliminary report for January, 1977. Financial records for 1976 being audited by a CPA with report due in March.

(2) Approved award recipients (A) Pharmacist of the Year, (B) Robins Bowl of Hygeia and (C) Blanton Award.

(3) Received Medicaid Rx Report by W. H. Wilson. Significant progress being made in payment of claims (\$3.2 million in January). The NCPHA thru a cooperative arrangement with E.D.S. and N. C. Department of Social Services will urge immediate payments of 5000 claims being delayed on account of failure of some local SS agencies to notify state of recipient eligibility.

The position of the NCPHA: If a vendor supplies medication on the basis of a valid sticker, the vendor should be paid without delay.

(4) 1977 NCPHA Convention. Plans on schedule; six out-of-state speakers will appear on program. Pre-registration will be \$10 a day or \$25 for the 3-day convention thru April 14; \$12.50 per day or \$30 for 3 days thereafter.

(5) Jean Paul Gagnon, Associate Professor of Pharmacy Administration, UNC/CH School of Pharmacy, was retained as the Association's Consultant on Pharmacy Economic Affairs. He will be available to NCPHA members who desire professional and managerial advice at a pre-agreed hourly fee plus travel expense, if necessary.

(6) The newly elected chairman of the Search Committee—Gene Hackney of Lumberton—reported on an initial meeting (February 15) of the committee which was devoted to establishing guidelines for pharmacists interested in the position as Associate Director of the NCPHA.

First action of the committee will be to invite applications from potential interested

prospects thru appropriate notices in The Carolina Journal of Pharmacy and The Tar Heel Digest.

Co-related to action of the committee was authorization to establish a "NCPHA Dues Study Committee." L. Milton Whaley of Durham was appointed chairman of a committee to be composed of four community pharmacists, two chain pharmacists and one hospital pharmacist.

(7) The NCPHA received official confirmation on February 15 that pharmacies were exempt from the hour limitation but release of the information was delayed since notice was given at same time that other changes were contemplated. The policy of the NCPHA is to urge maximum conservation of energy so long as such cooperation does not adversely lower essential pharmaceutical service.

(8) One of three bids for preparation and repainting the exterior of the Institute of Pharmacy Building in Chapel Hill was approved by the committee. The low bid was \$1,415.00.

(9) Continued review of the Physician Assistant/Nurse Practitioner Program as presently operational in North Carolina was referred to the NCPHA Committee on Delivery of Pharmaceutical Service. Some difficulty is being encountered in the prescribing practices of PAs/NPs.

GOVERNOR HUNT. WHO?

Not everybody knows James B. Hunt, Jr.

The governor, accompanied by some members of his family and an SBI agent, was in Cameron Village Sunday and stopped at Kerr Drugs.

Hunt purchased a few items and, not having much cash on him, paid for it by check.

The clerk, before accepting the check, first asked to see Hunt's driver's license, which she copied on the check.

She then asked for his phone number.

But Hunt, who has been living at the Executive Mansion for less than a month, didn't know the telephone number. Neither did the SBI agent. (For the record, it's 733-3871.)

The clerk then asked the governor where he lived.

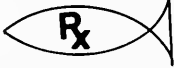
He gave his address—200 N. Blount St.

At that point, the SBI agent interrupted, and informed the clerk that the customer lived in the governor's mansion, and in fact, was the governor.

SPEED

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STATE BOARD OF PHARMACY

Members—David D. Claytor, Greensboro; Harold V. Day, Spruce Pine; Jesse M. Pike, Concord; Jerry Price, Raleigh; W. H. Randall, Lillington; David R. Work, Secy.-Treas., Box 471, Chapel Hill, N. C.

ALERT: THE MAN WITH THE PLAN

The Better Business Bureau of Greater Mecklenburg County has warned pharmacists and dentists to watch out for a man selling a device called the "Tedford Toopick."

The bureau said a salesman has contacted dentists in other cities, telling them he'll introduce a dental hygiene program to the lower grades in local schools. He then solicits the name of a local pharmacist.

The man next calls the pharmacist, the BBB said, tells him the dentists are introducing the program to the schools, and offers the pharmacist a deal to handle the toothpicks.

The BBB reports that so far it has no knowledge of any such dental hygiene program in its area.

The toothpicks are shipped, according to BBB; the check for the toothpicks is cashed, leaving the pharmacist with toothpicks and no market unless he creates one himself.

Several complaints have been filed. One pharmacist paid \$200.00, another \$470 for toothpicks (a plastic fork-shaped item designed to handle dental floss).

A similar sales effort took place in the state two years ago. We assume a majority of the stock is still in inventory.

CHANGE IN OWNERSHIP

Don's Discount Drugs, Inc. #2, 16 Union Street, South, Concord. Donald W. Beaver, pharmacist manager. Formerly Cabarrus Drug Company.

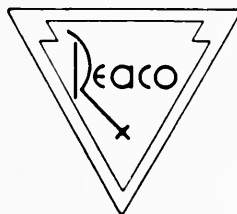
Glenwood Pharmacy, Inc., 2905 Essex Cr., Raleigh. Sonja Perry, pharmacist manager. Formerly McVins Glenwood Pharmacy.

NEW PHARMACIES

Medicine Shoppe, 210 A North State Street, Lexington. Richard W. Floyd, pharmacist manager.

RECIPROCITY

Catherine W. Fisher from Virginia
Charles E. Webb, Jr. from Tennessee
Jules Benge Prag from Maryland
Richard J. Kowalsky from Conn.



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CHARLESTON, S. C. — JULY 24, 25, 26

SPARTANBURG, S. C. — JULY 31, AUG 1, 2

THE GEER DRUG COMPANY

**CHARLESTON
GREENVILLE
SPARTANBURG**



The two North Carolina winners of the Burroughs Wellcome sponsored pharmacy education program are pictured above. Both winners designated the UNC/CH School of Pharmacy as recipient of the awards (two \$500 awards) which have been loaned to current students at the School.

Left to right: Mr. Charlie Singler, General Sales Manager, Burroughs Wellcome Co.; Mrs. Vickie B. Spain, Pharmacy Education Program winner, Durham, NC; LeRoy Werley, University of North Carolina School of Pharmacy; Mr. E. H. Williford, Jr., Pharmacy Education Program winner, Kannapolis, North Carolina; Dean Shelton, Burroughs Wellcome Co. Representative.

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ASSISTANT DIRECTOR AREA HEALTH EDUCATION CENTER SCHOOL OF PHARMACY UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

The School of Pharmacy, University of North Carolina at Chapel Hill, is interested in recruiting for an Assistant Director, Area Health Education Centers Program (AHEC).

The applicant should be a graduate of an accredited School of Pharmacy holding at least an M.S., Pharm.D., or equivalent degree, including a formal residency program. Desirable qualifications include: a good working knowledge of pharmacy programs; program development in hospitals and pharmacies; knowledge of health care delivery systems. A major involvement includes all aspects of the formal academic externship program as it relates to pharmacy students and practitioner-instructors. A substantial administrative and teaching ability and desire to academic involvement is a necessity since the incumbent is eligible for faculty appointment with the University of North Carolina School of Pharmacy. Salary commensurate with education and experience.

Apply by sending curriculum vitae, transcripts, and names of three references to:

Claude U. Paoloni, Associate Professor
Director, AHEC
School of Pharmacy
University of North Carolina
Chapel Hill, North Carolina 27514
Telephone: (919) 966-1128

MD ORDERED TO SURRENDER MEDICAL LICENSE

A Saxapahaw physician, Dr. William McCoy Ivey, has been ordered to surrender his license to practice medicine to the N. C. Board of Medical Examiners on or before April 4, 1977 and not engage in the practice of medicine until or unless his license is restored by the Board of Medical Examiners.

Dr. Ivey was fined \$1,000 and ordered to surrender all drug issued registrations to clerk of the court.

TAR HEEL DIGEST

BOONE—Miss Patty Benfield, a 1974 graduate of the UNC/CH School of Pharmacy, has joined the staff of Mann Drug Store. Born in Trieste, Italy, Patty has lived in Valdese since she was ten years old. She is filling the vacancy left when Phil Logan moved back to West Jefferson to rejoin Ray's Drugs.

RALEIGH—Peter S. Howsam, Vice President of Marketing for Burroughs Wellcome Company, has been appointed to the Board of Directors of the American Society of Hospital Pharmacists Research and Education Foundation.

Fred Eckel of Chapel Hill is president of the Foundation; Milton Skolaut, treasurer.

The primary purpose of the ASHP R&E Foundation is to conduct, support and stimulate research related to the practice of pharmacy in organized health care settings.

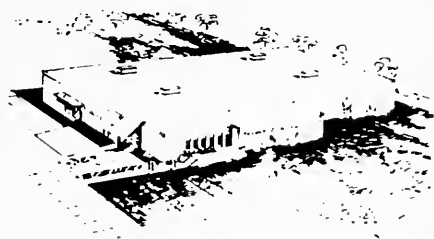
Knoxville, Tenn.—Joe Hamlet, a graduate of the UNC School of Pharmacy, has been elected President of the Tennessee Board of Pharmacy. Mr. Hamlet is now Director of Pharmacy at East Tennessee Baptist Hospital.

CHARLOTTE—Margaret Gebhardt of N. C. Memorial Hospital, Chapel Hill, was guest speaker at a March 1 meeting of the Metro-lina Chapter of Juvenile Diabetes Foundation.

Raleigh—Mike James has purchased Melvin's Glenwood Pharmacy and plans to remodel and increase the line of merchandise. It will be a community drug store featuring charge accounts and delivery. James purchased the Person Street Pharmacy in July 1976 and will operate both.

Yanceyville—Pharmacist Tommy P. Davis, Yanceyville Drug Company, has been named chairman of the Board of Northwestern Bank in Yanceyville. He is a member of the N. C. Commission for Health Services (formerly N. C. Board of Health), director of N. C. Mutual Wholesale Drug Company and past president of the Yanceyville Rotary Club.

AUGUSTA, GEORGIA—A. G. Howe (UNC Pharmacy 1950) is now a staff pharmacist at Dwight David Eisenhower Army Medical Center, Fort Gordon, Georgia.



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GORDON C. HAMRICK
Vice President



It is your business if she didn't take her high blood pressure pills today!

"How's your back today?" ...
"Did the antacid work?"

Sound familiar? Such questions are common in the pharmacy today, showing that the pharmacist—as a key member of today's health team—is interacting with his patients/customers because he is deeply concerned.

"Mrs. Jones, did you take your high blood pressure pills today?"

An especially important question, because more and more physicians are treating hypertension earlier and more vigorously to help reduce the risks of eventual organ damage. Missed medication spells danger, since such neglect may become a habit. Many pharmacists consider it their professional responsibility to interact positively with patients/customers on advice

concerning adherence to antihypertensive regimens.

Such opportunity for interaction will increase in the months and years ahead as more patients come into the treatment system. Because the problem is so tremendous—23 million Americans are hypertensive, yet only half are detected and only an eighth are under adequate treatment—mass screening efforts have been organized throughout the country.

For example, CIBA has been conducting CHEC (Community Hypertension Evaluation Clinics) programs for more than a year across the nation. Many thousands screened, many thousands referred to their physicians.

CIBA is also launching a series of hypertension-oriented seminars for pharmacists' postgraduate education as part of our commitment to meet your needs.

The challenge is before us. Now is the time for true interaction to solve what is now recognized to be a major national health problem. **C I B A**

DISASTERS

JOHNSON-PUCKETT DRUG COMPANY, ROBBINS

Three Asheboro men have been charged with drug theft in connection with a break-in at the pharmacy. Drugs valued at more than \$3,000 were taken.

STONEVILLE DRUG STORE STONEVILLE

Two armed men were captured inside the pharmacy following a break-in which resulted in a burglary alarm. The two men had burglary tools, guns and a large plastic bag half full of drugs when captured. An unsuccessful attempt to break into the pharmacy was made on February 17.

ANDERSON DRUG STORE HIGH POINT

Two armed men robbed the pharmacy of \$3 to \$4,000 in cash and a small quantity of drugs. The two men, wearing ski masks, forced Pharmacist Earl Mann and another employee to open two cash registers.

COMMUNITY DRUG STORE LEXINGTON

On January 15, a unknown party smashed the pharmacy's front door, then removed a quantity of CS drugs. On February 15, police arrested Ronnie Ray Tate after he had thrown a brick thru the pharmacy's front door and while he was in the process of filling a trash can with drugs with a wholesale value of approximately \$1,000. After first break-in, Community Drug installed a silent alarm system hooked up to local police department.

HAYES DRUG COMPANY MOUNT AIRY

A large quantity of CS drugs plus 60 watches were stolen in a break-in at the pharmacy in mid-February. Thieves entered the pharmacy by prying open a basement door.

McFALLS HILLSDALE PARK DRUG COMPANY, GREENSBORO

It was the second armed robbery in 13 months. A lone gunman forced Pharmacist Wyndham Dukes and Scottie Little to lie on the floor while a gunman lifted \$130 in cash and some drugs.

EDMONDS SUMMIT CENTER DRUG, GREENSBORO

A large quantity of drugs, valued at \$1700, was stolen in late February by thieves who entered the pharmacy by cutting a hole in the roof.

CS drugs were removed from one safe but the intruders were unsuccessful in an attempt to open a second safe, as a result of a tear gas device going off.

FOSTER'S DRUG GREENSBORO

After entering the pharmacy by way of a hole ripped thru the roof, thieves stole CS drugs valued at more than \$1000, including the pharmacy's entire stock of Valium.

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MEASURING PRODUCTIVITY IN COMMUNITY PHARMACY

Louis F. Rossiter

Community pharmacy managers in North Carolina may remember receiving a questionnaire in June 1976, from the School of Pharmacy at the University of North Carolina at Chapel Hill, aimed at gathering information on the productivity of pharmacy aides.¹ The results of the survey are now complete, and some of the findings are briefly presented here.

The Survey Questionnaire

The survey questionnaire was designed to be as short and concise as possible, asking for only the most necessary information. While only community pharmacies were asked to participate, two mailings were conducted in an attempt to maximize the number of responses. The response rate for the total survey was a fairly high 65.7%, representing a total of more than 700 pharmacies. On the whole, the survey provides a large number of observations, representing a sizeable proportion of the total population of community pharmacies in the state.

Table II is a summary of the answers to some of the most important questions in the survey.

Apparently the reporting period for the survey, June, is a fairly typical period in terms of demand for prescriptions. The average number of prescriptions dispensed (691) during a seven day week during the survey period is almost 1/50 of the total dispensed during the last year (34,523). The weekly figure also indicates the average pharmacy fills 100-115 prescriptions per day depending upon whether one assumes a six or seven day week.

On the average, slightly less than two pharmacists are employed by the survey respondents to work an average of 42 hours per week. The average pharmacy utilizes a total of nearly 80 pharmacist hours to provide services for the average 67 hours the pharmacy is open. Obviously, many stores have more than one pharmacist on duty during some hours of the day.

The pharmacy aide data reveals that the state's pharmacy aides are overwhelmingly female. They work an average of 29 hours per

week in the prescription department. By dividing the total number of pharmacy aide hours employed by the number of pharmacists employed, we find, on average, per week, there are 25 hours of pharmacy aide time employed per pharmacist. Put another way, for every 10 hours of pharmacist time employed in the survey pharmacies, an average of 6 hours of pharmacy aide time are also employed. All of this suggests pharmacy aides apparently play an important role in community pharmacy.

Estimates of Pharmacy Aid Productivity

Very often we will read in the newspapers or hear on the news about the productivity of American workers. More often than not the word productivity used in this context refers to *average* productivity. Instead of average productivity, we will be discussing *the additional productivity of an individual*. The important question is, "how productivity is an added unit of labor (be it pharmacist or aide) in dispensing prescriptions for the pharmacy?"² In other words, it is assumed the pharmacy is already in operation and combines the efforts of a number of people to produce its services. Now, would it be better to employ more or fewer aides instead of the current number of aides employed, for example? And, is there some ratio of pharmacists to aides in which the two working together results in maximum productivity? There are probably as many answers to these questions as there are pharmacies. For example, productivity certainly depends upon the particular pharmacy involved, whether it is a "slow" period or a very busy time, and perhaps most importantly, the characteristics or experience or work habits of each aide or pharmacist in question. However, it is possible to take a very broad view of the situation and examine the average pharmacy, the typical period of time and the representative pharmacy aide or pharmacist. This is the spirit in which the following results are presented.

Both pharmacists and aides are highly productive. Specifically, an added hour of pharmacist time is estimated to increase the level of prescriptions dispensed per week by 8.6 prescriptions. Aides on the other hand are

This study was supported by the School of Pharmacy and the Department of Economics at the University of North Carolina at Chapel Hill.

MEASURING PRODUCTIVITY IN COMMUNITY PHARMACY

slightly less productive and of course must work in the presence of the pharmacist. An extra pharmacy aide hour is estimated to increase service by 3.4 prescriptions. Over the course of a year, an additional pharmacy aide in the prescription department is estimated to add 5176 prescriptions to the number that would have been dispensed in the absence of the aide. These figures are given assuming that we are talking about adding another pharmacist or aide hour to the observed average utilization of pharmacist and aide time.

Clearly some pharmacies with a relatively low prescription volume cannot keep an aide or aides sufficiently busy to warrant their employment. It is estimated that the threshold at which one should even begin considering employing a pharmacy aide is at the level of approximately 480 prescriptions per week.

The optimal number of aides, that is the most profitable number of aides to employ, depends upon their productivity, the average gross margin per prescription and the wages which must be paid to pharmacy aides. Based on these three factors, it is estimated that the best ratio of pharmacists to pharmacy aides is approximately 1.6 to 1.8 pharmacy aides per pharmacist.

Conclusion

The estimates presented above must be qualified with several warnings on their interpretation.

It has already been mentioned that the actual productivity of a specific pharmacy employee depends upon a large number of factors, including the talents and ability of each individual employed in the pharmacy. The figures discussed above must be read with that in mind, particularly if they are to be applied to a specific pharmacy. Nevertheless they do represent a compilation of what is known from the survey questionnaire distributed in North Carolina in June, and in a sense approximate the average outcome for North Carolina Pharmacy personnel.

These results also reflect the legal requirements imposed by the State through the North Carolina Board of Pharmacy as well as any Federal restrictions which might affect the use of pharmacy personnel or the quality of service provided. Since the estimates are based on a regulatory environment which is fixed and identical for all observations in the

sample, the results must be interpreted in the same manner. In other words, under no circumstances should the findings presented here be thought to describe a new role or new duties for any category of pharmacy personnel. These results cannot tell us how, or during what time of the day pharmacists or aides should be employed. We have only been concerned with greater (less) use of labor time, assuming the additional personnel would continue to do exactly what their present functions entitle them to do.

It should be recognized that the results reported here are new, they have not been replicated elsewhere, and they apply only to the case of North Carolina. Nevertheless the estimates are reasonable, encouraging and provide some quantitative insight into the apparent contribution of the pharmacy aide in providing assistance to the pharmacist in the prescription department.

FOOTNOTES

¹ The term "pharmacy aide" will be used here, though there is no agreement on the name designating individuals who work in the pharmacy under the supervision of the pharmacist. Pharmacy aide is a term endorsed by a committee of the American Pharmaceutical Association.

² "A friendly smile" or "an eagerness to serve" are totally ignored in this study and replaced by measures such as "number of prescriptions dispensed." Omissions of this nature are regretted but not forgotten.

GREENSBORO

Reported by Cassandra Setzer

The Greensboro Pharmaceutical Auxiliary held its February meeting at the home of Mrs. Stephen Forrest, with Mrs. William Brewer and Mrs. J. F. Pickard assisting.

Special guests included Mrs. L. Milton Whaley, President of the NCPHA Woman's Auxiliary, who discussed the 1977 convention to be held April 24-26 in Greensboro.

The theme of the convention, in acknowledgment of this being the 50th annual meeting of the Auxiliary, will be "A Review of the Past—A Look to the Future".

The convention money-making project, with proceeds going to the Scholarship Fund, will consist of a "Treasure Hunt" under the supervision of Mrs. Cade Brooks. It is expected that articles for sale will include needlework, paintings, antiques, "treasures", plants, baked goods, etc.

Following a brief business meeting, members of the Greensboro group discussed the convention for which they are making elaborate plans.

TABLE II
DESCRIPTIVE STATISTICS FOR NORTH CAROLINA PHARMACIES

	Average	Percent
<i>Pharmacy Characteristics:</i>		
Years Under Present Ownership	8	
Manager's Years of Experience	16.22	
Total Size in Square Feet	4008.34	
Total Size of Rx Department in Square Feet	443.3	
1975 Total Sales (In Thousands)	381.05	
1975 Advertising Costs (In Thousands)	4.35	
Number of Prescriptions Last Week	691.05	
Number of Prescriptions Last Year	34,523.96	
Hours Open Per Week	67.44	
Number of Full-Time Employees (Not Working in the Rx Department)	3.65	
Percent of Sample Offering:		
Emergency Calls		25.4
Waiting Area with Seating		77.9
Patient Profile Records		36.2
Full Delivery Service		45.4
Compounding		93.4
Credit Service		87.6
Free Parking		84.3
Percent of Sample Classified:		
Independent		69.7
Local Chain		9.0
Regional Chain		4.8
National Chain		12.8
<i>Pharmacist Characteristics:</i>		
Number of Pharmacists Per Pharmacy	1.88	
Hours Worked/Week	41.5	
Total Pharmacist Hours/Week Per Pharmacy	78.13	
Years of Professional Pharmacist Experience Per Pharmacist	15.81	
Number of Working Pharmacist Owners Per Pharmacy	0.76	
<i>Pharmacy Aide Characteristics:</i>		
Number of Aides Per Pharmacy	1.38	
Number of Aides Per Pharmacist	0.85	
Hours Worked/Week	29.1	
Pharmacy Aide Age	33	
Years of Aide Post High School Education	0.63	
Percent of Pharmacy Aides—Male	20	
Percent of Aides Completed High School	91	

UNC PHARMACY SCHOOL

ECKEL FEATURED AT PHARMACY MEETING

Fred M. Eckel, Chairman, Division of Pharmacy Practice, UNC School of Pharmacy was the featured speaker at the American Society of Consultant Pharmacists seminar held in Chicago on February 20.

Eckel keynoted the seminar with "Unit Dose Systems: The Basics and Beyond". This presentation dealt with what unit dose systems means to the long-term care facility, to the consultant and to the patient.

LUDY GETS STUDENT RESEARCH AWARD

Judith A. Ludy, clinical instructor, Division of Pharmacy Practice, UNC School of Pharmacy, was the recipient of a Student Research Award from the Southern Society for Clinical Investigation.

Ludy received the award in recognition of outstanding research dealing with "Impact of the Primary Care Pharmacist on Patient Compliance" presented at the Society's annual meeting in New Orleans, January 28.

The research for Ludy's paper was conducted while she was a graduate student in hospital pharmacy at the UNC School of Pharmacy. Collaborators on the study were: V. B. Hunt, S. Caiola, J. P. Gagnon and J. Noble.

GAGNON PHARMACY SPEAKER

Associate Professor Jean Paul Gagnon, UNC School of Pharmacy, was a guest speaker at the "Communications and Pharmacists" symposium held March 9, 10.

Gagnon gave two presentations, "What the Consumer Wants from Pharmacy" and "The Economics of Professional Services".

The program was co-sponsored by the Rutgers University College of Pharmacy Extension Service and Lederle Laboratories and was held in New Jersey locations.

PHARMACY PROGRAM PRESENTED IN STATE

Several hundred administrators, pharmacists, nurses and other health care professionals attended a one and a half day program "Improving Patient Care in Long Term Care Facilities Through Improved Drug Therapy" held in Chapel Hill, Winston-Salem, Greenville and Asheville. Co-sponsoring the program with the UNC School of Pharmacy were the North Carolina Pharmaceutical Association, North Carolina Health Care Facilities Association, North Carolina State Board of Examiners for Nursing Home Administrators and the North Carolina State Nurses' Association.

The meeting dealt with subjects of interest to those health care specialists involved in the care and treatment of patients in long term treatment centers. Particular emphasis was given to drug therapy by a number of faculty members of the UNC School of Pharmacy. The program also included medical directors, administrators, nurses and pharmacists from various areas of North Carolina who participated as panel members.

UNC PHARM GRAD HEADS DRUG GROUP

The Joint Commission on Prescription Drug Use has picked as its executive director J. Stephen Kennedy, 1967 graduate of the School of Pharmacy of the University of North Carolina.

The 18 member commission is now set to intensify work on developing a system for identifying and collecting adverse reactions to prescription drugs as well as reporting trends in U.S. drug prescribing and usage.

Dr. Kennedy is a pharmacist and pharmacologist who was with the Division of Neuropharmacological Drug Products at the Food and Drug Administration since 1972.

DEATHS

W. LATHAM WEST

W. Latham West, Roseboro, a past president of the North Carolina Pharmaceutical Association, died in Lakeland, Florida on February 17.

A native of Sampson County, born November 23, 1903, Mr. West was a graduate of the UNC/CH School of Pharmacy, Class of 1925, and following graduation was associated with Tart & West of Roseboro until retirement in the early 70s.

Mr. West served as president of the N. C. Pharmaceutical Association (1954-55) and was named Pharmacist of the Year in 1959 by the NCPHA.

His record of community service was extensive: President of the Roseboro Rotary Club, Chairman of the Board of Deacons, Roseboro Baptist Church; Chairman of the Board of Trustees of Pineland College, and member of the Sampson County Board of Welfare for six years.

Survivors include his widow, Mary P. West; a son, Waits A. West; two daughters, Mrs. Ed. Grace and Miss Matilda West; and grandsons and daughters, including Pharmacist Thomas Latham West who with his father continue the pharmacy in Roseboro which was established by the late O. W. Tart in 1908.

ROBERT R. DEES

Robert R. Dees, age 53, Burgaw pharmacist, died February 22 following a period of declining health.

Mr. Dees had operated Dees Drug Store, Burgaw, since 1945. He was a graduate of the School of Pharmacy, UNC/CH, Class of 1946.

He was instrumental in organizing the Pender Rescue Squad; served as a trustee of the Burgaw United Methodist Church and was a former director of N. C. Mutual Wholesale Drug Company, Durham.

Survivors include his widow, the former Betty Batson; a daughter and three sons; a brother, Dr. John T. Dees of Burgaw; two granddaughters, a niece and three nephews.

F. ALEX McCRACKIN

F. Alex McCrackin, age 63, Wilmington pharmacist, died February 13 following a heart attack. He had been in declining health for the past year which necessitated retirement from the New Hanover Memorial Hospital in 1976.

See March 1977 issue of The Carolina Journal of Pharmacy, page 26, for biographical sketch prepared by Hospital Heartbeat, publication of the New Hanover Memorial Hospital.

ELMER W. BUCHANAN

Elmer William Buchanan, age 69, Greensboro pharmacist, died February 18.

Licensed in 1933, Mr. Buchanan was associated with various Greensboro pharmacies, beginning in the 30s and continuing for more than thirty years.

Surviving are the widow, Mrs. Sue McMely Buchanan; sons, Elmer William Buchanan, Jr. of McLeansville, James M. Buchanan of Greensboro; two brothers and two sisters.

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"Robbery prevention costs less!"

by Thad L. Weber, Security Consultant, SK&F Laboratories

Robbery attacks against pharmacies can be very costly, involving loss of life, personal injury, loss of currency and drugs, and damage to property.

While the average amount taken during a robbery is less than \$100.00, the loss in terms of mental trauma, employee turnover, permanent disability or death is immeasurable.

And in most instances robbery losses are not covered by insurance!

Prevention of robbery is not an absolute science since individuals desperate for money or drugs will risk apprehension and commit acts of violence without compassion. However, many criminals can be deterred from attacking if they are *convinced*, while "casing" your premises, that "escape" will be very difficult and that apprehension may follow even a successful escape.

To *deter* a robber from the attack you must convince him (or her) that physical escape from your premises may be delayed, and that police response may be timely enough to apprehend the attacker; OR, the criminal must be convinced that while escape is probable, *automatic* cameras or other means of identification will culminate in apprehension, prosecution and conviction.

An **impression** of security against robbery may be achieved by:

- signs
- physical delay barriers
- alarm devices

Signs, insignificant from a cost standpoint, may include:

- decals placed on the entry door and at the cash register "advertising" silent emergency signal alarm systems available for use.

- notices that the insurance company requires alarm devices, electric door locks, and/or surveillance cameras as a condition of insurance.

- notices that "exact change" is required to cover purchases after...p.m. or on Sundays and holidays. This approach should also include a statement to the effect that the personnel on duty do not possess the key or combination to the safe in which "proceeds" are stored.

Physical barriers which might delay escape or increase the time required to effect the robbery include:

- **Safes**, which are used as repositories for cash removed from cash registers when previously established cash register limits are reached (or immediately, during night hours) *providing* the aforementioned signs and procedures are in effect.
- **Double deadlocks** on secondary doors providing such locks are in compliance with local fire safety codes.
- **Electric locks** on customer entry doors which *may* actually be used during periods when a lone person or limited staff is on duty, and experience teaches us that robbery incidence is high.
- **Bullet-resistant enclosures** might also solve the problem of doing business while staffing with lone employees in high crime areas during hours when other businesses are closed.

Alarm signal devices are equally strong deterrents to robbery since the simple capability to "call for help" threatens the robber's escape.

The principles which must accompany this deterrent are:

- Do not permit the location of all signal devices to be obvious.

- Advertise via signs the existence of the devices.
- Make sure they are silent in operation.
- Utilize wireless holdup signal devices and "advertise" the fact.
- Test the devices periodically to be sure they are operable.
- Include an "anti-ambush" type device in conjunction with the "opening" of a safe, drug cabinet or some other "point of robbery attack" container.

At first evaluation the cost of central station or some other form of emergency signal supervision may seem costly; however, this is not usually the case. Holdup or emergency signal devices may be efficiently remotely supervised when "duplexed" to (combined with) existing burglar alarm systems, by use of multiplex or McCulloh circuits, or when connected

into dialers which utilize the pharmacy's existing telephone circuits.

Precautions related to emergency alarm systems:

1. If possible, install wireless signal receivers to permit activation from employee parking spaces, approaches to the premises, etc.
2. *Instruct* all employees never to activate a device once a holdup commences.
3. Consider alarm devices in toilets, closets, etc., where personnel may be imprisoned during a robbery.
4. Discuss holdup alarm procedures with local police.
5. Select signal devices to fit your environment (foot rails, money clips in cash registers, ambush devices in key-operated burglar alarm control units, etc.).

NEXT MONTH: YOU'RE ON CAMERA.

This column is provided as a professional service to pharmacists by Smith Kline & French Laboratories.



Members of the National Pharmacy Legislative Committee of the North Carolina Pharmaceutical Association are pictured above at a recent meeting in Chapel Hill.

Front row, left to right: Seymour Holt, General Manager, Dista Products Company, Indianapolis, Indiana; Jesse M. Pike, Sr., Member of the NARD Executive Committee, Concord, NC; and Claude U. Timberlake, Senior Vice-President, National Pharmaceutical Council, Washington, D. C.

Center, left to right: Fred M. Eckel, Member of the Pharmaceutical Reimbursement Advisory Committee, H.E.W., Chapel Hill, NC; and Dr. George P. Hager (Chairman), School of Pharmacy, UNC-CH.

Back row, left to right: G. N. (Jerry) Brunson, Coordinator, Health and Welfare Programs, Merck Sharp and Dohme, Dunwoody, Georgia; and William G. Coln, Assistant to Group Vice President-Pharmaceuticals, American Hoechst Corporation, Flemington, New Jersey.

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Coffee and hot chocolate vending machine. Fully automatic. Excellent condition. Money maker in right location. \$799. Will guarantee for one year. 919/823-6082.

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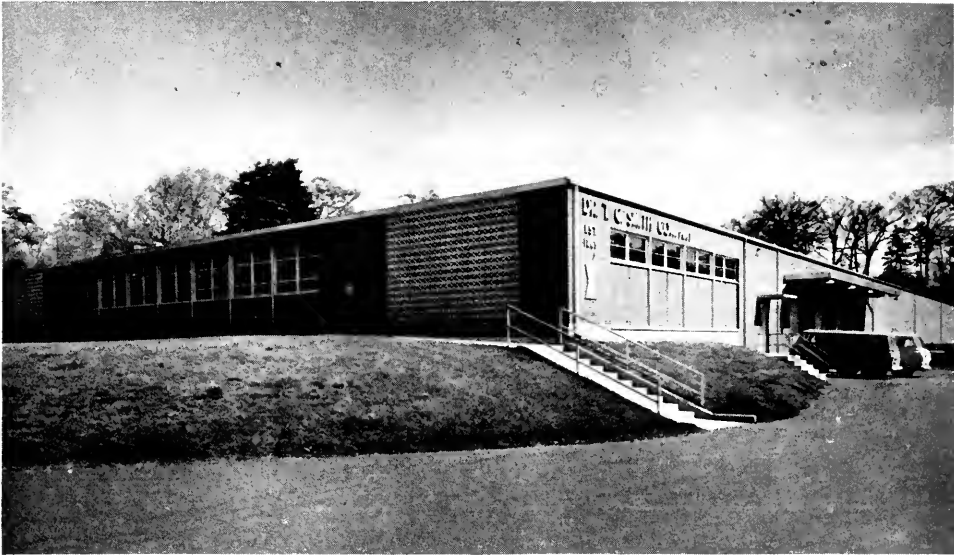


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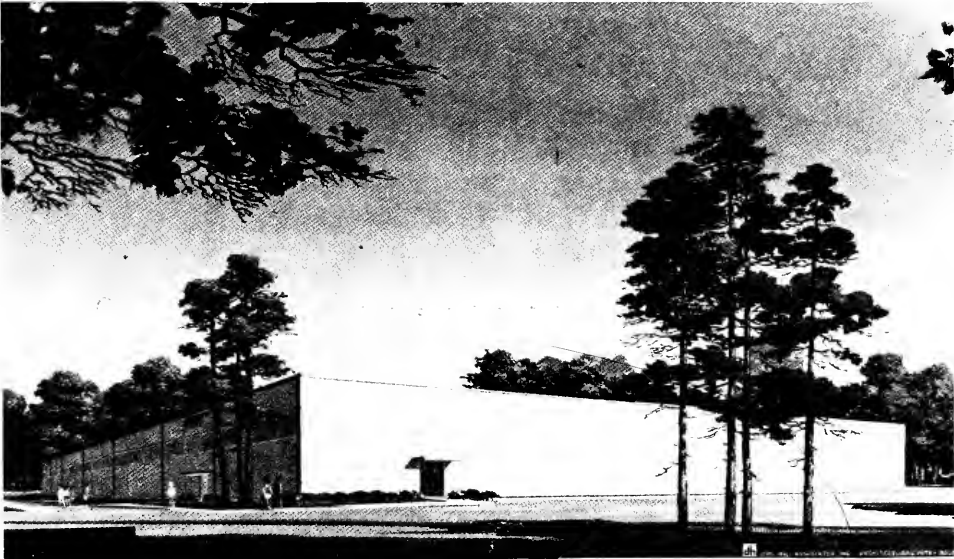
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THE CAROLINA JOURNAL of PHARMACY

VOLUME 57
NUMBER 5
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MAY 18 1977



A novelty on the pharmacy scene is this ten foot high "Knight" pictured here with its owner, Joe B. Vinson, in front of Mr. Vinson's new Knightdale Pharmacy on Highway 64 E. in Knightdale, N. C.

Appropriately, the slogan for Mr. Vinson's Pharmacy which was opened March 17 is "Let the friendly Knight protect your family's health."

Pharmacist Vinson says that his Knight was built out of scrap automobile fenders by a pair of Mexican sculptors and shipped to North Carolina by an Importer. David Vinson, youngest son of Joe Vinson, sanded and painted the Knight. "About the only thing left to do," says Joe, "is to find a Knight's face to put inside the helmet. Right now, disease's friendly foe looks a little empty when one peers up toward his head!"

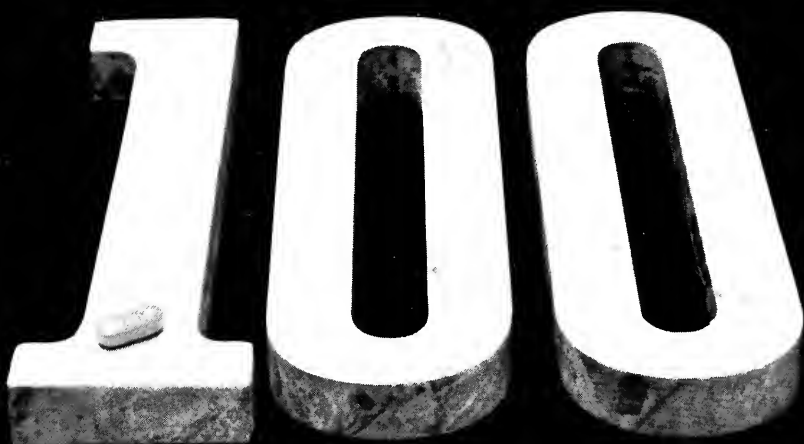
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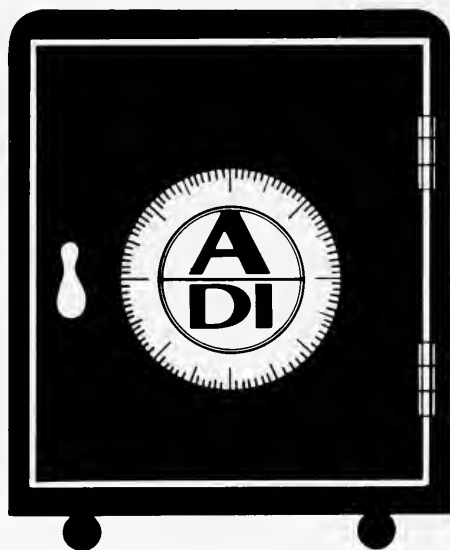


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THE CAROLINA JOURNAL of PHARMACY

MAY 1977

VOLUME 57

NUMBER 5

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, Box 151, Chapel Hill, N. C. Subscription rate: \$3.00 a year; single copy, 25 cents. Second class postage paid at Chapel Hill, North Carolina 27514.

SERVE ON HEALTH BOARDS

Miss Evelyn Lloyd of Hillsborough has been appointed a member of the Orange County Board of Health. Miss Lloyd, a pharmacist, is associated with her father in the operation of James Pharmacy, Hillsborough.

Within recent weeks, two pharmacists have been elevated to chairmanship of their county boards of health. Kenneth Edwards of Stan-
 tonsburg has been named chairman of the Wilson County Board of Health while Ram-
 seur Pharmacist Mickey Whitehead serves in a similar capacity as chairman of the Ran-
 dolph County Board of Health.

Thomas Peete Davis of Yanceyville is a member of the N. C. Commission for Health Services (formerly N. C. Board of Health).

More than fifty North Carolina pharmacists serve on either county or districts boards of health. North Carolina law requires that one of the members be a pharmacist.

N. C. SUES HAS FOR \$28 MILLION

North Carolina has filed a \$28 million damage suit against Health Applications Systems alleging that HAS misrepresented its services and juggled state funds to cover corporate losses.

HAS is countersuing North Carolina for \$4.6 million it claims the state owes it for paying claims to ineligible Medicaid recipients.

HAS, through Paid Prescriptions, administers the North Carolina Pharmacy Medicaid Prescription Program until August 1, 1976.

The General Assembly will decide later this session whether to continue legislation authorizing private industry to administer parts of the state's Medicaid program.

In its suit, North Carolina asked for \$6.9 million in compensatory damages, \$11 million for injury to the state and \$9.8 million in punitive damages.

WILLIAMS JOINS BW AS A CLINICAL RESEARCHER

Benjamin O. Williams has been appointed to the respiratory section of the clinical research department, Burroughs Wellcome Company, Research Triangle Park. Williams is a pharmacy graduate of the University of

North Carolina and holds a master's degree from UNC. He did his residency at North Carolina Memorial Hospital and is a member of the Drug Information Association.

UNIFORM CLAIM FORM NOW IN USE

The uniform claim form for third party prescriptions may be purchased from local drug wholesalers.

Carriers who are now or will be accepting the claim form are:

Pharmaceutical Card System—April 1

Paid Prescriptions—April 1

MediMet—April 1

AETNA—July 1.

The carriers will supply change-over information to providers.

INDICTED ON TAX CHARGE

A Walnut Cove pharmacist, who is serving a federal prison term for selling firearms without a license, has been indicted on four counts of tax evasion.

Steven Vance Harrison has been charged with filing fraudulent income tax returns for himself and his wife for the years 1970 through 1973. Harrison is accused of listing his income for the four years as \$13,073.25 when his actual income was \$209,109.51.

He is chairman of the North Carolina Freedom of Choice in Cancer Therapy organization which has been seeking the legalization of the use of Laetrile as a cure for cancer.

RX FEES—PAID RXS

PAID PRESCRIPTIONS has announced the following schedule for prescriptions underwritten by John Hancock Insurance Company and administered by PAID:

CLASS I FEE: \$2.30

CLASS II FEE: \$2.55

(24 hour emergency service, continuing education, patient profiles and patient consultation).

The United Parcel Service (UPS) fee, also administered by PAID PRESCRIPTIONS, is

GROUP I—\$2.50

GROUP II—\$2.75

B. W. CO. PROTECTS PHARMACISTS WITH REVISED LIABILITY POLICY

Burroughs Wellcome Co. has revised its policy concerning liability protection for pharmacists.

The Company, headquartered in Research Triangle Park, N. C., realizes pharmacists today have greater responsibility and accountability due to increased generic prescribing and adoption of substitution laws in some states.

The new policy indemnifies pharmacists against suits arising from proper dispensing of B. W. Co. products in which the pharmacist is named as a defendant under the following conditions:

- Bodily injury or property damages incurred were caused by a B. W. Co. product;
- The pharmacist fully cooperates with B. W. Co., including prompt notification of suit and adequate proof of manufacturer of dispensed product, and agrees to complete control of defense or settlement by B. W. Co.;
- B. W. Co. determines there were no improper, negligent, unauthorized or illegal statements, actions or omissions by the pharmacist.

GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 1977

Senate Bill 382

Introduced by Senator John T. Henley

Short Title: Larceny—Controlled Substances Facility

A bill entitled:

An Act to prescribe the burglary of a facility in which controlled substances are sold, stored or dispensed, and to provide the penalty therefor.

The General Assembly of North Carolina enacts:

Section I. Article 14 of Chapter 14 of the General Statutes is hereby amended by adding a new section, to be designated G.S. 14-52.1, and to read as follows:

"§ 14-52.1. *Burglary of a facility in which controlled substances are sold, stored or*

dispensed.—If any person shall enter any building, warehouse, physician's office, hospital, pharmaceutical house, or any other structure used in whole or in part for the sale, storage, or dispensing of controlled substances as defined in G.S. 90-87, with intent to commit any larceny of a controlled substance, he shall be guilty of a felony punishable by imprisonment for not less than three or more than nine years, without benefit of parole, probation or suspension of sentence. Upon a second or subsequent conviction, he shall be imprisoned for not less than five nor more than 10 years without benefit of parole, probation or suspension of sentence."

Sec. 2 This act shall become effective on July 1, 1977.

SUES FOR \$80,000 SETTLES FOR \$4000

An \$80,000 suit which involved an alleged dispensing of a drug other than the one prescribed has been settled out of court for \$4000.00.

Eckerd's of Holly Hill Mall, Burlington, and a former pharmacist employee, were involved in the suit.

One stipulation of the settlement included a provision that no further claims be made against the defendants on the allegations of the suit.

FORDHAM IN LINE FOR HEW HEALTH POST

The Dean of the School of Medicine, UNC/CH, Christopher C. Fordham, M.D., is in line for a top Federal health post: Assistant Secretary for Health, Education and Welfare.

Dr. Fordham has been approved for the post by President Carter.

As Assistant Secretary for Health, Dr. Fordham will supervise all health related agencies of HEW including the National Institutes of Health, the Food & Drug Administration, the Center for Disease Control and the Public Health Service.

Dr. Fordham's father and grandfather were pharmacists and both served as president of the North Carolina Pharmaceutical Association. Fordham Drug Company is still operational in Greensboro.

THE SACCHARIN BAN: SWEET OR SOUR?

By Congressman L. H. Fountain

Recently, as most people probably know by now, the Food and Drug Administration (FDA) proposed a ban on saccharin which, if carried out, would become effective this summer at the earliest. Saccharin is the only artificial sweetener now available.

FDA officials say they had no choice under the law but to propose that saccharin be banned. The law they cite, known as the "Delaney Clause," provides that no food additive "shall be deemed to be safe if it is found to induce cancer when ingested by man or animal." And Canadian scientists recently found that rats developed cancer when large doses of saccharin were fed to them.

We should be aware that doubts about the safety of saccharin are not new. Saccharin has had a long and checkered history as an artificial sweetener.

In 1911, the Federal Government declared saccharin to be a "poisonous and deleterious substance" and outlawed it in foods intended for general use. This ruling was made after finding that use of saccharin by humans in quantities over 3/10's of a gram per day could cause digestive difficulties.

From 1911 until the late 1950's, the sale of saccharin was permitted only as a nonprescription drug and for use in special dietary foods needed by diabetics and others who had to restrict their sugar intake. The vastly expanded use of saccharin in soft drinks and other products occurred because FDA failed to control the situation—not as the result of any government decision.

The first evidence from animal tests that saccharin might be a cancer-causing agent came to the attention of FDA during 1948 to 1950. But FDA scientists were unable to conclude at that time that saccharin was the cause of the cancers found. A number of studies made in the last 15 years, however, tended to show that saccharin is a cancer-causing substance. The recent Canadian study is viewed by FDA as confirming that saccharin is such a substance.

Much discussion is going on right now as to what to do—if anything—about the situation. The proposed regulations, as I mentioned, have not yet taken effect, and there is always the chance that they will be withdrawn if further evaluation of the Canadian studies

does not confirm that saccharin was responsible for the animal cancers. Also, some members of Congress are suggesting changes in the law to permit more flexibility in the so-called Delaney Clause. Others have said that a specific exemption for saccharin should be made.

There has also been some talk that cyclamates—widely regarded as superior to

Concluded on opposite page

UNITED STATES SENATE

Washington, D. C.

Dear Mr. Smith:

I share your view that the prohibition of saccharin based solely upon a test involving 100 Canadian rats is ridiculous. As one North Carolinian so aptly wrote to the Food and Drug Administration: "Attention Bureaucrats—I am not a rat, and I do not drink 800 12-ounce diet drinks a day."

When one considers that for 80 years there has been absolutely no evidence in human tests that saccharin causes cancer, this sudden prohibition seems especially unwarranted. Millions of diabetics and people with serious heart conditions rely on this important sugar-substitute. Indeed, one expert predicted that the banning of saccharin would result in an additional 25,000 heart attacks each year.

You may be interested to know that I have joined in sponsoring legislation which would postpone any ban on saccharin until the Secretary of HEW considers the risks involved.

With tongue in cheek, I am tempted to introduce a bill requiring a label on, for example, all sugarless soft drink cans and bottles stating: "WARNING: Drinking more than 800 bottles (cans) of this soft drink during a 24-hour period could be harmful to your health."

Needless to say, I'm with you and will certainly do everything I can to make sure that the FDA's action is carefully reconsidered.

Sincerely,
Jesse Helms

saccharin because they are sweeter and leave no bitter aftertaste—may be on the way back to public use. Cyclamates were banned several years ago when animal studies indicated these sweeteners caused cancer, but recent, more extensive animal testing has not shown this to be the case.

In fact, the studies showing cyclamates caused cancer were done with a *mixture* of cyclamates and saccharin. It is quite possible that saccharin was the guilty substance in those experiments.

I wrote to the FDA Commissioner last September to complain of FDA's failure to take timely action on Abbott Laboratories' petition to remarket cyclamates as a food additive. The FDA has finally agreed to give Abbott a hearing on this matter, as the law intends, and I understand that a prehearing conference has been set for April 20. Consequently, it is still possible that cyclamates might be back on the market before any final action is taken on saccharin.

In any event, we must proceed with caution, lest we risk losing whatever protections we have from possibly harmful food and drugs. At the very least, however, I see little reason why those with a real medical need for saccharin should not be able to purchase it if no other artificial sweetener is available.

Whatever happens, we need to make sure that those of our citizens who have a legitimate need for saccharin will be able to get it. And any changes in the law should be made with great care. In view of the fact that the cancer death rate in the U. S. has been continually increasing for the past 20 years, and that our scientists tell us there is no known amount of any cancer-causing substance that

can be considered safe, it would appear to be a wise policy to prevent exposing people unnecessarily to chemicals that cause cancer.

UNITED STATES SENATE

Washington, D. C.

Dear Mr. Smith:

I am writing in response to your recent communication concerning the Federal Food and Drug Administration's proposed ban on the use of Saccharin.

Please be assured that I share your concern about this proposed ban by the FDA. I do not believe that the Canadian test data, which serves as the basis for the proposed ban, provided an adequate basis upon which to make this decision. I have written the Commissioner of the Food & Drug Administration and requested that they reevaluate the proposed ban.

The FDA is defending its proposed ban on the grounds that it is required under the Delaney Amendment to the Federal Food, Drug and Cosmetic Act. If this in fact turns out to be the situation, I am sure the Congress will investigate the matter thoroughly with the view toward correcting this Amendment in the Act.

Thank you for writing, and I can assure you I will work to prevent this proposed ban from taking place.

Robert Morgan

(Response in connection with the Saccharin ban also received from Representatives Fountain, Jones and Preyer)

MAC ADVISORS CONSIDER PENICILLIN VK PRICES

The Pharmaceutical Reimbursement Advisory Committee, which includes Fred Eckel of Chapel Hill and Bud Albers of Knoxville, reviewed Maximum Allowable Cost (MAC) limits on dosage forms and strengths of penicillin V potassium (penicillin VK) and ampicillin at a scheduled session on April 27 and 28.

Following the meeting, the committee is expected to advise the HEW Pharmaceutical Reimbursement Board on the appropriateness of these MAC limits:

- * Penicillin VK tablets, 250 mg, \$.0535 per tablet.
- * Penicillin VK tablets, 500 mg, \$.1025 per tablet.
- * Penicillin VK oral suspension, 125 mg/5cc, \$.0120 per cc.
- * Penicillin VK oral Suspension, 250 mg/5cc, \$.0160 per cc.
- * Ampicillin oral suspension, 125 mg/5cc, \$.0101 per cc.
- * Ampicillin oral suspension, 250 mg/5cc, \$.0160 per cc.

LIABLE OR NOT, YOU CAN BE SUED

Strong possibilities of liability may lurk for well-meaning professionals who serve on licensing boards, peer review committees and any other agency that deals with the granting of licenses or reviews fellow professionals, the North Carolina Association of the Professions was told Thursday (March 24).

Legal experts explained to the 14th annual meeting of the group, held at the Governor's Inn, Research Triangle Park, that concern about possible liability while in the act of "policing" one's professionals is a very real problem. Attorneys Thomas Starnes, Morganton, and Robert B. Long, Jr. Asheville, began the all-day session by outlining the areas of liability for professionals serving on regulatory boards, peer review committees and ethics committees.

"You're walking around naked" without benefit of insurance protection, Starnes said in relation to these activities—emphasizing that the professional so serving is essentially a volunteer and "exposes himself or herself to any kind of liability that may arise."

"And liable or not, wrong or not, you can be sued," Starnes said.

He pointed out that the primary areas of liability lie in libel and slander charges that can arise when the professional seemingly discharges his duty in policing a possible incompetent in his field, and, in reporting the person opens himself to either charge.

Attorney Long said that good faith is a possible defense in such cases, but added that any evidence of the lack of same can cause a strong possibility for a trial. Others speaking were Catharine Arrowood, of the state Attorney General's office, who outlined some immunities board and peer review members might have if such instances of liability arose, and what aid the state would render if the board was acting under state auspices.

Joel Michaels, a legal consultant for the U. S. Department of Health, Education and Welfare, and for the American Association of Peer Review Service Organization, told of the procedures under the Medicaid program in which cases are reviewed and the amount of protection given physicians serving on the review boards.

Dr. M. Frank Sohmer, president of the N. C. Peer Review Foundation, Winston-

Salem, noted that such liability is frightening to doctors, adding that the area of coverage by insurance is unclear at this time.

Attorney Barbara Reeves, an assistant to the U. S. Attorney General in Washington, D. C. told the group of government actions in cases where the anti-trust division of the Justice Department felt any restraints are put on competition in any profession.

Reporting on the protection insurance firms can offer were Douglass M. Phillips, of the Medical Liability Mutual Insurance Company of North Carolina; Herman Roberts, of the St. Paul Fire and Marine Insurance Company, Charlotte, and Marshall Ames, of the Victor O. Schinnerer and Company, Washington, D. C.

A panel discussion and question and answer period closed the meeting.

Mrs. Elizabeth Aycok, secretary-treasurer of the Research Triangle Foundation was the luncheon speaker for the Association's annual meeting.

TV PROGRAM EXAMINES MIS-USE OF DRUGS

A special television program examining the mis-use of prescription drugs will be broadcast during the second week in June in many areas of the country. The program is part of MEDIX, a weekly half-hour series dealing with medicine and health.

"Use Only As Directed" was produced in cooperation with the American Pharmaceutical Association.

In a comedy sequence, Jim Backus portrays a harried businessman who dangerously mixes prescription and over-the-counter drugs. In another segment, an impromptu door-to-door search reveals that families' medicine cabinets have more booby traps than meet the eye.

A pharmacist and physician team up to tell viewers the dangers of drug-interaction and special precautions for expectant mothers. Viewers also receive five safety tips to help avoid drug accidents.

MEDIX is sponsored nationwide by Burroughs Wellcome Co. to convey important health-related information to the American public. Check your local television listings to find out the date and channel this program will be broadcast on in your area.

Is the problem here the full shelf or the empty shelf?

The empty shelf is costing you a fortune—up to 15% of your possible sales.

The full shelf, on the other hand, could be losing you a fortune, too—especially if it's filled with slow movers or low profit makers. It means you're wasting valuable space that could be used to display real profit builders.

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Datarex® is a remarkable new inventory-management system specifically designed to increase your sales and profits while decreasing your overhead. It's a simple, inexpensive system that doesn't even require skilled labor.

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But a full shelf does you little good if the items still have out-of-date prices. In fact, the average pharmacy can lose as much as 2% of its bottom-line profits because stickers aren't kept up to date. Datarex® price stickers put an end to all that.

Sound expensive? It's not. A Datarex® system completely tailored to your specifications can cost as little as \$1.70 a day. We can offer it at a price like this because we want all your wholesale business. And if we're going to get it, we can't afford to charge you too much for any one service.

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Attention: Harrison L. Leach
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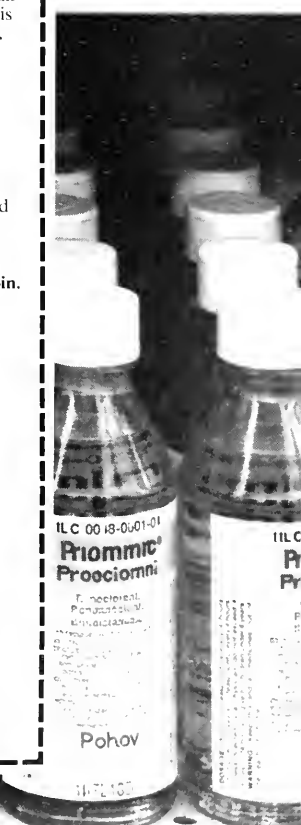
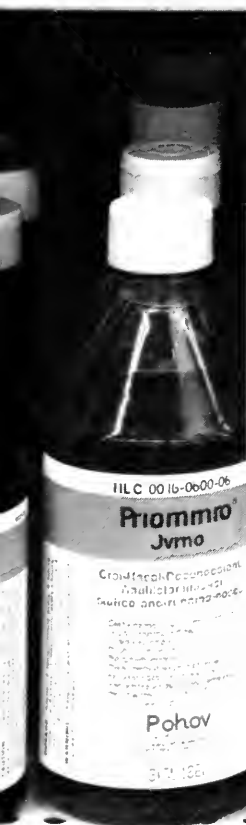
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Geigy stands behind every drug it makes

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Geigy Pharmaceuticals shall indemnify and hold harmless any pharmacist, or his employer, against any product liability suit arising as a result of the pharmacist dispensing a **Geigy** product.

This indemnification shall include the payment by **Geigy** Pharmaceuticals of all reasonable expenses and attorneys' fees incurred by the pharmacist, or his employer, in connection with said law suit, and the assumption by **Geigy** Pharmaceuticals, where appropriate, of the defense of the action through its own attorneys.

This agreement by **Geigy** Pharmaceuticals to indemnify and hold harmless, as set forth above, is expressly conditioned upon the pharmacist, or his employer, im-



and every pharmacist who dispenses it.

mediately notifying the Company of any claim, demand, or the service of any complaint. This agreement is further expressly conditioned on the pharmacist, or his employer, providing full cooperation to the Company, including complete access to all relevant records, and on **Geigy** Pharmaceuticals having complete control over the conduct and disposition of any claim, demand, or law suit.

This agreement is not applicable if **Geigy** Pharmaceuticals determines that there is evidence of any improper or negligent statement or act, or omission to act, by the pharmacist, or his employer, or if **Geigy** Pharmaceuticals determines that there is evidence that the product has not been properly stored or properly dispensed.

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PHARMACY



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GREENVILLE 235-4159
ROCK HILL 328-5830
GAFFNEY 487-4949
COLUMBIA 256-7555

TAR HEEL DIGEST

BOONE—Pharmacist Joe Miller and the Boone Drug Company staff were subjects of a general newscast by Channel 3, Charlotte, on March 21.

DURHAM—Clyde Buchanan has accepted a position as Director of Pharmacy at Saint John's Hospital, Springfield, Illinois. He has been associated with the Duke University Medical Center Pharmacy.

CLARKTON—George Willets, chief pharmacist at New Hanover Memorial Hospital, Wilmington, presented a program on "Poison Prevention" in the basement of the local courthouse on March 24.

MOORESVILLE—Pharmacist Sam Price was the subject of a feature article in the March 16 edition of the Weekly Star. Sam's response to a query about what it is like to be a small town pharmacist replied: Mooresville isn't a small town; it's a big town.

HICKORY—The company owned by the chief pharmacist at Catawba Memorial Hospital that packs unit doses of drugs for 14 hospitals has been sold. The company, called Unit Dose Packaging, has been operating across the street from the hospital for several years in Medical Village Pharmacy.

KNIGHTDALE—Joe Vinson opened his second pharmacy here on March 17. Knightdale has been without a pharmacy in recent years. See cover story this issue of The Journal.

CHARLOTTE—The president of a Charlotte anti-smoking group (GASP) has written to the North Carolina Court of Appeals protesting the dismissal of a case against the manager of an Eckerd drug store for violation of the city anti-smoking ordinance.

CHARLOTTE—The late Mrs. John T. Sullivan, wife of a former vice chairman of the board of Eckerd's, left an estate of more than \$15 million in stocks and bonds.

VALDESE—After 44 years of operation, Rock Drug Store filled Rx #1,000,000 on March 8. The lucky Rx recipient won a 3-day expense paid trip to Myrtle Beach compliments of Pharmacists L. R. Burris Jr. and James I. Peile.

WHITEHEAD ELECTED TREASURER OF N. C. ASSOCIATION OF PROFESSIONS

Professional engineer Robert C. Browning, of Raleigh, became the new president of the North Carolina Association of the Professions during the group's annual meeting at the Governor's Inn, Research Triangle Park.

Reared in North Carolina, Browning graduated from North Carolina State University. After returning from active service with the Corps of Engineering in the European theater, he became associated with Olsen and Association in Raleigh. In 1950, he established his own consulting engineering firm in Raleigh. He has also headed the Professional Engineers of North Carolina; the Triangle International World Trade Association; and the Private Practice Section of the state professional engineers group.

Other officers of the Association of Professions elected at the annual meeting are: Thomas G. Thurston, M.D. of Salisbury, first vice-president; Ralph E. Gandy, Jr., D.V.M. of Rockingham, second vice-president; Bosworth C. Beckwith, A.I.A. of Raleigh, secretary; and C. Michael Whitehead, R.Ph. of Ramseur, treasurer.

The immediate past president of the state-wide group is John L. Thompson, Jr., D.D.S. of Shelby.



Mary Linda Stotter
OHIO NORTHERN U.

Harry Travis
U. OF PITTSBURGH

Linda Sue Schmitz
WEST VIRGINIA U.

Dennis Kimmel
FERRIS STATE COLLEGE

Remember the summer of '76?

This summer, four young people joined The Upjohn Company as part of the NPC Pharmacy Internship Program.

They added to their educational process ... learned about manufacturing, quality control, pharmaceutical research, and marketing/sales.

We hope we answered their questions. Certainly, we took their suggestions to heart.

And when the 10-weeks were over, we parted knowing that we'll enjoy seeing each other in the years ahead.

And reminiscing about the summer of '76.

Upjohn

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STATE BOARD OF PHARMACY

Members—David D. Claytor, Greensboro; Harold V. Day, Spruce Pine; Jesse M. Pike, Concord; Jerry Price, Raleigh; W. H. Randall, Lillington; David R. Work, Secy.-Treas., Box 471, Chapel Hill, N. C.

ADAMS APPOINTED MEMBER OF THE N. C. BOARD OF PHARMACY

William R. Adams, chief pharmacist at Wilson Memorial Hospital, Wilson, has been appointed to the North Carolina Board of Pharmacy. He will fill the unexpired term of Jerry Price, Raleigh, who resigned on March 1.

Mr. Adams is no stranger to Board responsibility. In late 1972, he filled the unexpired term of the late Clarence E. Page of Henderson.

A native of Johnston County, Mr. Adams is a past president of the North Carolina Society of Hospital Pharmacists and a member of various professional organizations.

Following graduation from the UNC School of Pharmacy, he accepted employment with Bissette's Drug Store, Wilson, serving as manager of the pharmacy until appointed in 1964 as chief pharmacist at Wilson Memorial Hospital.

The Board and all organized pharmacy in the state are fortunate to have such an experienced, dedicated pharmacist available to fill out the unexpired term of a departing Board member. This assures continuity of Board activity without diminution.

MOUNT AIRY

Two Mount Airy drug stores were broken into during the weekend of March 20th:

Wally's Pharmacy at 933 Rockford Street set its loss at between \$300 and \$400. CS drugs taken included 5,500 Valium. Thieves gained entry to the pharmacy by throwing a cinder block through the front door.

Lamm Drug Company, Main Street. About 1000 Valium taken. Entry was gained into the pharmacy by breaking a window at the front of the building.

HICKORY

Super-X Drugs, Hickory Plaza Shopping Center. Quantities of ten different drugs were taken including Valium, Codeine and Seconal. Entry gained by cutting a hole thru the roof of the pharmacy. Estimated loss was \$2,589.00.

RALEIGH

Cromley's Boulevard Pharmacy, 3922 Western Blvd. Drugs valued at \$500 stolen during a March 14 break-in. The burglars entered the pharmacy through a vent and by removing ceiling boards in a bathroom.

NEW PHARMACIES

Old Towne Pharmacy, 103 Allen Street, Belhaven. Aubrey E. Hollowell, pharmacist manager.

OWNERSHIP TRANSFER

Clinic Drug Store, Inc., Glen Alpine. Bracey Bobbitt, pharmacist manager.

INSTITUTIONAL

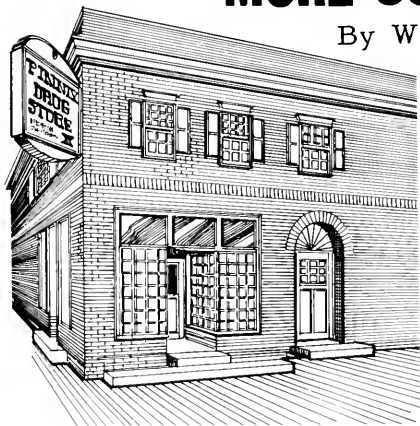
Brooks-Howell Home Pharmacy LSP, 29 Spears Avenue, Asheville. Elmer L. Bishop, Jr., pharmacist manager.

RECIPROCITY

Raisa M. Garcia from Puerto Rico
Peter N. Sagonias from South Carolina

HOW TO MAKE YOUR ADVERTISING MORE SUCCESSFUL

By W. Joe Davis



Perhaps the nearest thing to full advertising agency service which is both practical and affordable to the average independent pharmacist is located in Raleigh, North Carolina. Creative Services Associates is an agency-like company which develops, produces, sells, and services Positive-Image, professional advertising, both syndicated and custom.

Creative Services has eight years of special expertise in pharmacy advertising, offering nearly two dozen helpful services for successful pharmacy promotion, many of which are discussed below.

But first, what does Creative Services call "successful" advertising? We say, simply, that anything that works qualifies for successful advertising. However, to our minds, all good advertising, effective and successful, must have four basic elements going for it: Each, for instance, must be *consistent* in format and style to maintain recognizable continuity; Each must readily *trademark* your message, firmly implanting in the subconscious mind your special identifying mark; Each must be sufficiently *informational* to maintain ongoing interest; And each must be presented with *regularity* to hold and remind forgetful minds of your business *per se* and your standing invitation for their patronage.

Following, we hope to show you a few of the things Creative Services Associates of Raleigh has done and is doing toward achieving the best for its subscribers in successful advertising.

To begin with, CSA's syndicated *informational* series, known variously as Health News and Views, Health News, Your Pharmacist Says, and Healthview, is *consistently* presented as your special *trademark* at *regular* weekly intervals in your local newspaper. Through CSA's quarterly mailings, two dozen camera-ready, dated Editorials are sent your way for weekly placement in your newspaper under your own personalized format. All copy is seasonal, newsy, and professional while being designed specifically to be useful, helpful, and meaningful to the reader. **You may write for a free sample of CSA's Editorial material.** No obligation.

During the year, at least ten offerings are made to your readers through your *Syndicated Editorial Series* in the form of hand-outs of useful health information. To properly disseminate such offerings, CSA functions as your "personal" *Clipping Service*. There is absolutely no bother, inconvenience, or time-drain to you. Rather, in the eyes of your readers, this service places professionalism on a higher plateau. Further, your "personal" Clipping Service fills each information request from your readers with an accompanying, personally-penned, note-of-thanks and an invitation to "Come, visit our Pharmacy." (True Public Relations which works!)

More excellent Public Relations is generated during your Editorial's special *Christmas* and *July 4th Programs*. At Christmas kids write Santa, and, again, through your Clipping SERVICE, "Santa" responds with an unique Christmas Greeting Card and a Personalized Seasonal Badge. On July 4th, a patriotic Editorial offering is made, similarly, to your readers through your Clipping Service—again, at no inconvenience, whatsoever.

CSA works for you in other ways, too. Take its twice-a-year Editorial Supplement called *Add-on Teasers*, for example. "Teasers" work like a neon sign. They "flag home" a particular message. But, unlike a fixed neon sign,

you can be more specific with Teasers. You can, for instance, flag home a message about any of your Pharmacy's services (convalescence aids, patient profiles, prescription savings plans, etc.), about a seasonal product



(cold remedy, suntan lotion, candy, etc.), or you can introduce and promote new products supported by coop advertising dollars. Or, how about a Teaser to flag other ideas such as film processing, cosmetics, cards, store coupons, public announcements, or local salutes? (All, excellent PR!)

Additionally, your Editorial can be coupled with another of CSA's bi-annual Supplements, *Product Index Formats*. "Index Formats" enable you to advertise low prices without forfeiting professional integrity. Why? Because you still maintain professional balance in this style.

Also, with Ad-Agency flair, CSA provides its subscribers with superior *Art Department* services. Note the fine architectural line-drawing and the distinctive pen-and-ink portrait in this article.

An under-used, but truly novel service offered by CSA is that of producing your own tailor-made brochure to promote your services, conveniences and competitive advantages. Along with special inserted coupons, your "very own" *Pharmacy Brochure* makes for a valuable, high quality, professionally-designed vehicle to place in the hands of new customers, or to mail periodically to citizens of your community.

Still another idea produced by Creative Services for Pharmacy is the service we refer to as *Personalized Impact Editorial Advertising*. Agencies call this Advocacy Advertising because it "advocates." We take it a step further, however, by saying while this particular program certainly "advocates," it also creates a strong "impact" upon the minds of the people of your town. Eight to ten impact messages are tailored by CSA for your personalized needs and are rotated weekly to establish a hard-hitting, impression-making advertising series. Some pharmacists turn their Impact Editorials into highly visible Counter Posters.

Finally, the flexibility of Creative Services Associates' pharmacy advertising is demonstrated through its *Custom Copy* and *Press Release* offer. It is our policy to incorporate, and periodically solicit thoughts and ideas from our clients for inclusion in our Editorial Syndication. And at your instructions, we will even prepare Press Release for local news.

Creative Services Associates offers these professional, Positive-Image Advertising services for your benefit. Our Accounts are based on a yearly subscription retainer of about \$30.00 monthly. But nowhere in America will you find a better planned, more meaningful, and more expertly developed Program of professional advertising—at any price!

Won't you accept our sincere invitation to become another of our valued subscribers? Give us a year, just one, to demonstrate the merits of what we believe to be the Nation's best Advertising Program for Independent Pharmacists.

Respectfully Yours,

W. Joe Davis
Creative Services Associates
Box 5051, Raleigh, N. C. 27607



Creative Services Associates

"Positive Image Advertising"

Box 5051, Raleigh, NC 27607

Phone (919) 832-5796



RECENT CHANGES

federal register

Price List

Informational
Bulletin # 433-76

National
Health
Insurance

special report

Malpractice
insurance:

Health care doesn't
need more red tape

Will MAC
cut Rx costs?

S

Drug
substitution

RESEARCH

Mailgram

THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND THE PATIENT.

Pharmacy today is in the spotlight, subjected to all kinds of scrutiny. Your actions are being monitored and judged, sometimes by unknown third parties.

The worry is that in the wake of this focus, your relationships with both doctors and patients will be weakened, without offsetting benefits. Consider three examples:

Drug substitution Until recently, state pharmacy laws, regulations, or professional custom have stipulated that non-generic prescriptions be filled with the precise products prescribed. But in the last five years, a number of these laws or regulations have been changed, permitting you, in varying degrees, to make the selection when a multi-source product is ordered.

These changes have been taking place against a background of growing evidence that purportedly-equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA has not enforced the same standards for hundreds of "follow-on" products that it has applied to original NDA approvals. This situation, it seems to us, is a compelling reason for product selection to rest on a sensible interchange between doctors and pharmacists—and not on legislative action.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant overall savings has been produced, nor is any likely, given the needs of pharmacy and the record of government in administering cost control programs.

MAC Maximum Allowable Cost, MAC for short, is a federal regulation intended to cut the government's drug bill by setting price ceilings for multi-source drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the government intends to pay only for the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect

of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right, regardless of your economic or professional judgments. Pharmacists will have little to say about administration of the program, since government will have absolute authority to make its prices and fees stick. For other multi-source drugs on the MAC list, your reimbursement would be limited to a product price on a government "estimated acquisition cost" list and a state-established professional fee.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than \$1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to patients: the cost of the research is more than ten times what it was, per product, in 1962, and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years or more now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present complex approval process contributes to needless delay of drug therapy. That's why the increased efficiency of the drug and device approval process is vital to all our futures.

We suggest you make your voice heard on these issues—among your colleagues and your representatives in state legislatures and in the U.S. Congress.

It could make a difference to patients and to the practice of your profession tomorrow.

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005





**HAVE YOU GIVEN ANY COST ANALYSIS
TO YOUR BOOKKEEPING SYSTEM?**

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- Handles your accounts receivable
- Indicates and records tax deductible purchases
- Accumulates sales tax on each consumer statement and totals monthly sales tax for store
- Provides proof of purchase for medical insurance programs
- Insures on time billing
- Adds service charge on past due accounts (Optional)
- Simplifies record keeping on welfare accounts (Optional)
- No equipment to buy or lease
- Consumer concentrates purchases where medical expense records are kept. From actual experience in stores where TIPTOP has been installed every store increased charge business from 8% to 32%, and most stores cut receivables as much as 5% to 15%.

Contact Your GEER Representative or:

**MR. CHARLES TRIPPE
THE GEER DRUG COMPANY
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Another Service from GEER.

REPORT

COMMITTEE ON NATIONAL LEGISLATIVE AFFAIRS**N. C. Pharmaceutical Association**

The Committee on National Legislative Affairs met at the Institute of Pharmacy on February 25, 1977. All members, including Executive Director W. J. Smith (ex officio), were present.

The Committee deliberated at considerable length the possibility of a grass roots initiative that, hopefully, would lead to an early conference with President Carter and/or his representative(s). The conference would be held with the purpose of bringing into focus a number of problems involved in patient care, arising from the non-use or misuse of the pharmacy profession, the pharmaceutical manufacturing industry, and their services and products. There was a consensus on the need for a concerted, united approach with the consumer's (i.e., the patient's) welfare the prime consideration and an unanimity among all segments of the profession and the industry—a unanimity based on their many common causes in the patient's interest and free of the negative impact of often irrelevant interests that may be peculiar to any one segment but which have had an unfortunate divisive effect in the past. Giving too high a priority to those differences that should be minimized as we put our own house in order would nullify the effectiveness of a concerted action on the issues in the public interest on which all segments can agree and which are really the major determinants of the welfare of all segments. On a motion by Mr. Eckel, seconded by Mr. Timberlake, the Committee acted to recommend the organization of a movement by the North Carolina Pharmaceutical Association through which pharmacy's needs and contributions to the nation's health care programs should be presented to the President of the United States and to his representatives, recognizing the fact that pharmacy must be able to communicate a consensus position on these issues. Since this has not occurred in the past, the Committee further recommends that a model be developed in North Carolina that can be

expanded to a regional and, ultimately, to the national level. Mr. Smith suggested, as a first step, the appointment of a committee broadly representing the pharmacy profession and the pharmaceutical industry to undertake the development of a North Carolina model for communication with government officials about the services and the needs of the pharmacy profession and the pharmaceutical industry vis-a-vis the problems of patient care arising from the non-use or misuse of the services and products of the profession and the industry. He solicited from the Committee suggestions of those organizations and groups that should be represented on the committee.

The Committee has been for some time concerned by the Veteran Administration's Hometown Drug Program and, in this connection, discussed H. R. 237—a bill to amend title 38 of the United States Code to permit veterans to determine how certain drugs and medicines will be supplied to them. Unfortunately, the executive director of the American Legion has stated that this national organization will not support H. R. 237 because he believed that the bill, as written, would add significantly to the cost of providing pharmaceuticals to veterans for treatment of nonservice-connected conditions. At the present time, the Committee feels that this matter should be discussed by pharmacists in North Carolina with local American Legion and Veterans of Foreign Wars posts in order to enlist their active support of the legislation (H. R. 237).

Concern about the MAC/EAC programs has occupied the Committee's attention for some time. The EAC program has been partially implemented in North Carolina with regard to forty drugs in the Medicaid system. Ampicillin is the only drug with which North Carolina is at present involved as far as the MAC program is concerned. The Committee feels that a continuing careful evaluation of these programs should be made while the new federal administration becomes established, and that we should be alert in North Carolina regarding any adjustment that should be made in the months ahead.



It is your business if she didn't take her high blood pressure pills today!

"How's your back today?" ...
"Did the antacid work?"

Sound familiar? Such questions are common in the pharmacy today, showing that the pharmacist—as a key member of today's health team—is interacting with his patients/customers because he is deeply concerned.

"Mrs. Jones, did you take your high blood pressure pills today?"

An especially important question, because more and more physicians are treating hypertension earlier and more vigorously to help reduce the risks of eventual organ damage. Missed medication spells danger, since such neglect may become a habit. Many pharmacists consider it their professional responsibility to interact positively with patients/customers on advice

concerning adherence to antihypertensive regimens.

Such opportunity for interaction will increase in the months and years ahead as more patients come into the treatment system. Because the problem is so tremendous—23 million Americans are hypertensive, yet only half are detected and only an eighth are under adequate treatment—mass screening efforts have been organized throughout the country.

For example, CIBA has been conducting CHEC (Community Hypertension Evaluation Clinics) programs for more than a year across the nation. Many thousands screened, many thousands referred to their physicians.

CIBA is also launching a series of hypertension-oriented seminars for pharmacists' postgraduate education as part of our commitment to meet your needs.

The challenge is before us. Now is the time for true interaction to solve what is now recognized to be a major national health problem. **C I B A**

COMMITTEE ON NATIONAL LEGISLATION

The Committee recognized the great and still growing need for the patient's proper understanding of the nature of the action of the drugs prescribed for him, his understanding of his need for those drugs, and his realization of the absolute necessity that he use them in accordance with the prescriber's intentions. The potential advantages of the use of patient package inserts, as proposed by some health care planners, are far outweighed by disadvantages including, indeed, serious hazards for many patients. Without a doubt, patients would read the inserts with greater apprehension than understanding. Instead of promoting the patient's compliance with the physician's directions for the proper use of the prescribed medications, the patient package insert would actually mitigate against a patient's safe and effective use of the drugs—even against his willingness to use the drugs at all. Particular emphasis was placed on the great variability in the needs of different patients to be informed and in their capacities to comprehend the drug information needed for their proper utilization. The average person's reluctance to read labels and to disregard directions for use of *any* commodity is well known. Perhaps this is especially true in the case of drugs, the proper use of which is most critical. The Committee recommends the following resolution:

WHEREAS, patient package inserts, instead of promoting patient compliance and assuring the safe and effective use of prescribed drugs, would have the opposite effect in that the patient, after reading the insert, would tend to be less likely to comply with the prescribed regimen or to heed warnings he cannot understand, and

WHEREAS, the pharmacist's verbal communications with individual patients, reinforcing and, as necessary, elaborating the physician's instructions particularly pertinent to the individual patient, would satisfy the patient's peculiar need to be informed and would promote patient compliance and, thus, the safe and effective use of drugs;

BE IT RESOLVED, that patient package inserts be judged as counterproductive in respect to the safe and effective

use of drugs by patients in accordance with the regimens prescribed, and

BE IT FURTHER RESOLVED, that the pharmacist, in conjunction with the prescriber, recognize communication of drug information as needed by individual patients as a paramount professional responsibility fully justifying the devotion of his time and effort in a way that is commensurate with the patient's need to be informed.

The urgent need for a continuing dialogue with state and federal legislators and other public officials concerned with patient care was emphasized in the Committee's deliberations. A program in Indiana that is related to this need and which is sponsored by a prominent pharmaceutical manufacturer, was described by Mr. Holt. Mr. Holt's detailed description of the Indiana program is appended to this report (Addendum I). In North Carolina, PharmPac is one important interface between pharmacy and the legislators. Moreover, communications between pharmacy and medical professions in this State are exceptionally good and must be impressive to the legislators. Nevertheless, it was agreed that a North Carolina program developed along the lines of the Indiana model would be an appropriate adjunct to existing interactions with the legislators. A committee should now be appointed to deal with this matter on behalf of the Association. It was further suggested that awards be established to recognize pharmacists in North Carolina for outstanding services in the political arena on behalf of pharmacy.

It was agreed that the Association through the Committee on National Legislative Affairs must maintain a close watch on legislation pertaining to National Health Insurance and other third party payment programs. However, since NHI probably will be relegated to a lower priority this year by the government's more pressing concerns with the energy crisis and international politics (especially the situation in Africa), and since the Pharmaceutical Manufacturer's Association is watching NHI and related developments very closely, no action by the Association appeared necessary at the time of the Committee's meeting. The Committee is in accord with the apprehensions of the phar-

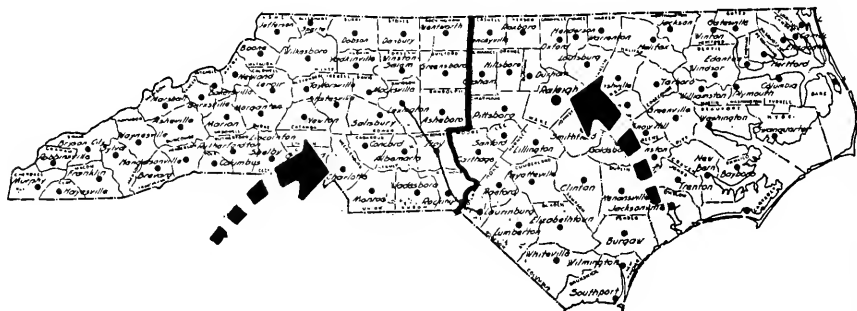
Continued on page 25

LOZIER

DRUG STORE FIXTURES

- LAYOUT & DESIGN
- DECOR
- MERCHANDISING
- STORE ACCESSORIES
- EXPERT INSTALLATION

**"Serving North Carolina Pharmacists
with Quality Equipment and Service at the
Lowest possible cost."**



ROLAND G. THOMAS

STORE DESIGN

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CHARLOTTE, N. C. 28203
(704) 376-5150

ROBERT J. NYBERG

STORE DESIGN

532 HARVARD ST.
RALEIGH, N. C. 27609
(919) 787-0516

COMMITTEE ON NATIONAL LEGISLATION

meatrical industry arising from a possible single supplier/sole procurer situation where drugs are concerned—a situation that may arise as the federal government's role as provider of health care escalates even beyond its present widespread involvement in the Medicare/Medicaid programs and through the activities of government agencies that are practically sole providers to large populations of our citizens, viz., the Veterans Administration, the Public Health Service, and the Armed Forces (Army, Navy, and Air Force). A very thought-provoking analysis of the situation was placed in the Federal Register of February 9, 1977 (pp E666-E668) by the Honorable Philip M. Crane of Illinois. It was written by James W. Sutherland, M.D. and titled "Look Before You Leap—Lessons to be Learned from the British National Health Service (Worcester Medical News, May-June, 1976). This article is appended to this report (Addendum II).

Inappropriate liability actions against pharmacists are, in effect, harassments against which the profession urgently needs full support from the pharmaceutical industry. Included among questions for which answers are now required are the following. Do North Carolina's antisubstitution laws assure industry support of the individual pharmacist involved in a liability case? Which pharmaceutical manufacturers will come to the aid of a pharmacist in liability actions involving their products? The Committee submits the following resolution for action by the Association:

WHEREAS, litigation involving the professional practices of the providers of medical care and health services is increasing, and

WHEREAS, adequate and readily available insurance coverage for pharmacists and their supporting personnel is urgently needed, and

WHEREAS, protection of its members is a proper concern of the Association and the basis for an appropriate active role of the Association, therefore,

BE IT RESOLVED, that a special committee of the Association be appointed to investigate liability insurance coverage for pharmacists and pharmacy personnel, and

BE IT FURTHER RESOLVED, that the proposed committee study the effect of the State's antisubstitution laws on the pharmacist's liability, and

BE IT FURTHER RESOLVED, that the committee investigate support available to the pharmacist from pharmaceutical manufacturers in liability actions, and

BE IT FURTHER RESOLVED, that the committee define and develop an appropriate proposal for the Association's continuing role in serving its members in respect to liability matters.

In view of the increasing rate of crimes in which pharmacists and pharmacies are the victims, the Committee recommends that the Association support a bill in the General Assembly dealing with such crimes involving controlled substances. The Committee also recognizes the need for similar legislation at the national level and recommends that the Association so advise the members of the North Carolina Congressional Delegation.

In January, the American Medical Association advised Mr. William Woods, Executive Director of the National Association of Retail Druggists of the following resolution on substitution of prescribed drugs at the discretion of pharmacists:

RESOLVED, that the American Medical Association reaffirm its opposition to the revision of state laws and pharmacy regulations that prohibit unauthorized substitution of prescription drug products as contrary to the public interest; and be it further

RESOLVED, that all physicians be urged to supplement medical considerations with cost considerations in making the selection of the drug of choice for an individual patient and become well informed about the quality and efficacy of prescription drug products available from multiple sources; and be further

RESOLVED, that physicians indicate by writing prescriptions by the generic name when the selection of the source may be delegated to the pharmacist.

The Committee recommends that the Association support this resolution.

Physician assistants and family nurse practitioners appear to be exceeding the authority initially envisioned for them; and pharma-

Continued on page 26

COMMITTEE ON NATIONAL LEGISLATION

cists are particularly uneasy in handling prescriptions written by the approximately three hundred of these paramedical personnel in North Carolina. A physician shortage, especially in underserved areas, that in times past predisposed towards liberalization of laws and regulations governing medical practices, has become much less acute. Moreover, the paramedical personnel appear no longer to be restricting their activities to underserved areas. It was the concensus of the Committee that the Association's Committee on Professional and Public Relations should continue to give serious consideration to any continuation or expansion of the privileges of physician assistants and family nurse practitioners now that the shortage of physicians is disappearing.

Approximately two weeks after the meeting of the Committee, information about the pending ban on saccharin was received. After discussion of this matter with North Carolina Congressman Honorable John B. Martin, the following resolution was drafted and approved by the members of the Committee by way of a mail ballot.

WHEREAS, Congressman John B. Martin has proposed a sense of Congress resolution in opposition to a ban on continued use of saccharin until an action can be taken that would be based on appropriate Congressional hearings on the safety of the normal use of saccharin as a sweetening agent in food used by man, and

WHEREAS, the Delaney amendment should now be carefully examined in the light of these hearings and revised if and as necessary (1) to perpetuate the objectives of the amendment to protect the public from harmful exposure to food additives and, at the same time, (2) to avoid an unwarranted deprivation of the public with respect to its need and desire for food additives that have been used for many years without evidence of adverse reactions in humans even though animal studies with dose levels far in excess of the corresponding human consumption have produced evidence of carcinogenicity under the laboratory conditions in the experimental animals, and

the complete graphic package

We develop your idea into a superbly crafted quality product. Creative design, color separation, graphic design, production printing, and binding . . . with promptness assured. We have the modern equipment and skilled craftsmen to do it all.

We are proud of our long association with North Carolina druggists through the *Carolina Journal of Pharmacy* and its editors. We look forward to serving your graphic needs in the future.

 **Fisher-Harrison Corporation**
SEEMAN PRINTERY DIVISION
Durham Chapel Hill Blvd. Durham N. C. 27707

WHEREAS, the risk/benefit relationship in the continued use of saccharin in the manner in which it has been used for a very long time almost certainly compares favorably with the risk/benefit relationship if saccharin is replaced with natural sweetening agents, especially in pathological conditions involving carbohydrate metabolism such as diabetes, obesity, and (directly or indirectly) certain cardiovascular conditions, and

WHEREAS, Congressman Martin, with the technical assistance of nutrition experts, members of the Food and Drug Administration staff, etc., is preparing a resolution that is intended to retain the beneficial objectives of the Delaney amendment while, at the same time, enabling Federal authorities to exercise sound medical judgement in making decisions to permit or to prohibit the use of a food additive by humans;

THEREFORE BE IT RESOLVED, that the Committee on National Legislative Affairs of the North Carolina Pharmaceutical Association goes on record as supporting fully the initiatives of Congressman Martin to prevent a ban on the use of saccharin unless reliable clinical evidence and expert medical opinion justify such an action, and

BE IT FURTHER RESOLVED, that the Delaney amendment be studied carefully in the light of today's technology and modified as necessary to allow Federal authorities to exercise their best judgment, based on sound risk/benefit considerations, in any application of the Delaney amendment, and

BE IT FURTHER RESOLVED, that this resolution be sent to the Secretary of the Department of Health, Education, and Welfare; to the Acting Director of the Food and Drug Administration; to the Chairman of the House Subcommittee on Health and Environment (Interstate and Foreign Commerce Committee); and to the Chairman of the Senate Labor and Public Welfare Committee, and

BE IT FURTHER RESOLVED, that this resolution be submitted to the membership of the North Carolina Pharmaceutical Association at its Annual

Meeting on April 24-26, 1977, for ratification and further action deemed at that time to be appropriate.

With acknowledgement of the privilege of serving the Association and with appreciation to Mr. W. J. Smith, Executive Director of the Association for his excellent assistance in the work of the Committee, this annual report is

Respectfully submitted

Gerald N. Brunson

W. G. Coln

Fred M. Eckel

Seymour Holt

Jesse M. Pike

Claude Timberlake

Geo. P. Hager (Chairman)

NEW 1977 NABPLEX CANDIDATE'S GUIDE NOW AVAILABLE FROM NABP

The 1977 edition of the *NABPLEX Candidate's Guide* to the National Association of Boards of Pharmacy Licensure Examination (NABPLEX), is now available from the NABP Publications Desk in Chicago for \$5 per copy.

The Candidate's Guide has been prepared to assist candidates for licensure in over 45 states that use the NABPLEX exam to prepare for the test. The 25-page book contains sample test questions, taken from the NABPLEX test question pool, for the examinations in the Practice of Pharmacy, Pharmacology, Pharmacy, Mathematics and Chemistry. Also, the Candidate's Guide also contains general information and competency statements which all candidates for licensure should know before entering the examination room.

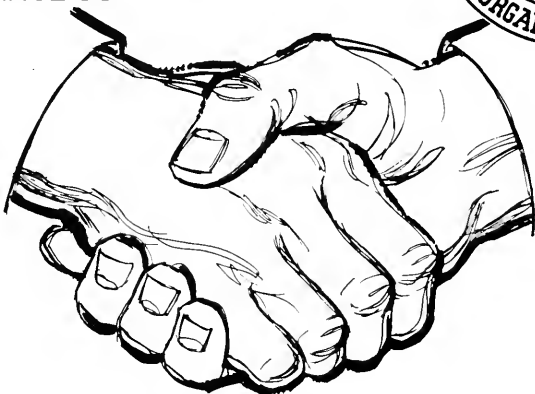
E. R. Squibb and Sons, Inc., has purchased 7,500 copies of the NABPLEX Candidate's Guide for distribution to senior-year pharmacy students in the states which currently use NABPLEX.

Singles or mass orders of the *NABPLEX Candidate's Guide* for individuals, libraries or bookstores are available by writing the NABP Publications Desk, One East Wacker Drive, Suite 2210, Chicago, IL 60601. All orders are \$5 per copy.

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UNC PHARMACY SCHOOL

ECKEL SPEAKER ON DUKE PROGRAM

Fred M. Eckel, Head, Division of Pharmacy Practice, UNC School of Pharmacy, was a speaker at the Duke University Center for the Study of Aging and Human Development program held in Fayetteville on March 10.

Eckel's presentation was "Pharmacy in Aging." The program was held for chore workers of the Older Americans Resources and Services Program.

DR. RABIN SPEAKER AT UNC SCHOOL OF PHARMACY

Dr. David L. Rabin, Associate Chairman, Department of Community Medicine and International Health, School of Medicine, Georgetown University, Washington, D. C., was a guest speaker at the UNC School of Pharmacy on March 23-24, 1977.

Dr. Rabin presented "Use of Medicines" at Beard Hall on March 23 and "International Comparisons of Medicine Use" on March 24.

DEAN MIYA PHARMACY SPEAKER

Dr. Tom S. Miya, Dean of the UNC School of Pharmacy, was the guest speaker for the Forsyth Pharmaceutical Society meeting on March 24. Dean Miya spoke on new trends in the pharmacy curriculum at the School of Pharmacy.

Associate Professor Claude U. Paoloni, Director of Continuing Education and Externship Program, accompanied Dean Miya to the Winston-Salem meeting.

McBAY MARIJUANA PANEL SPEAKER

Dr. Arthur McBay, Professor of Pharmacy and Pathology, UNC Schools of Pharmacy

and Medicine, was a panelist at the League of Women Voters of Charlotte and Mecklenburg on the topic "Should Marijuana be Decriminalized?"

Other panel members include Roy Epps, Director of the North Carolina Drug Commission and Richard Urbanik, N. C. Department of Corrections.

ECKEL PHARMACY SPEAKER

Associate Professor Fred M. Eckel, Head, Division of Pharmacy Practice, UNC School of Pharmacy, was the featured speaker at the joint meeting of the Central and Southern Minnesota Society of Hospital Pharmacy Meeting, Minneapolis, on March 21.

Eckel spoke on "The Growing Reliance on Hospital Pharmacists in our Health Care System."

BERLOW SPEAKS TO HENDERSON ROTARIANS

Assistant Professor Leonard Berlow of the UNC School of Pharmacy was the guest speaker at the March 22 meeting of the Henderson Rotarians. Berlow's presentation was "Why Kids Use Drugs."

HULL IS TEXAS SPEAKER

Assistant Professor J. Heyward Hull, Division of Pharmacy Practice, UNC School of Pharmacy presented "Potential Drug Interactions in a Medicaid Population Receiving Chronic Anticoagulant Therapy" at the annual meeting of the American Society for Clinical Pharmacology and Therapeutics held in Dallas, Texas, March 23-25.

Co-authoring this paper with Hull was W. J. Murray, M.D., Department of Anesthesiology, Duke University Medical Center.

Snarl—you're on camera!

by Thad L. Weber, Security Consultant, SK&F Laboratories

"At high noon on market day a brazen stranger on horseback galloped full tilt down streets crowded with shoppers and boldly robbed pharmacist Jones."

Of course, that's a story you'll never read in your morning paper. Today's robber slinks around corners, stays in the shadows, wears a disguise or a stocking mask, and attempts to conceal both the mask and his Saturday-night special until he can attack a lone druggist in a pharmacy at a moment when there are no customers or passersby to witness the act or to call for police help.

Knowing the *modus operandi* of today's robber, you can *deter* him from attacking your premises by using devices or techniques that "focus" on any individual in your retail area. This will make a criminal feel more as if he were in "a goldfish bowl"—and less like attacking.

Mirror, Mirror. To acquire a "window on the world" one may install mirrors, practice good housekeeping and seek enlightenment. Why not look into your retail area from the outside—as a robber would—and see how you can create that "spotlight" effect.

Begin by relocating or modifying show window signs and displays so that passersby can see into the aisles, the prescription counter and the cash register.

Increase the lighting levels so that the interior is bright, day or night.

Install *convex mirrors* on walls, ceiling or columns. The mirrors will, at

a glance, show *you* and pedestrians the person hiding behind a display—donning a mask and waiting for the last customer to leave.

Install inexpensive plastic *magnifying viewers* on the interior side of show windows and/or entrance doors. These devices cost only a few dollars, attract the attention of passersby and focus their attention on the counter and register.



Thad L. Weber

Construct a "one-way" window in a wall or partition separating the retail section from the prescription area or stockroom. This involves the installation of a piece of special dark glass which affords a view only from the inside out. The criminal spots the peculiar window, can't see through it, but realizes someone (or a camera) may be watching him, and is deterred from the attack. This "surveillance" arrangement is effective even when unmanned. However, care must be taken to be sure the lighting level behind the one-way window is limited and properly posi-

tioned to prevent anyone from seeing (albeit dimly) into the area.

Automatic surveillance cameras are also highly effective in deterring robbery. Since a criminal's escape is meaningless if pictures left behind serve to identify him, a robber with any "smarts" at all avoids the retailer with the camera and strikes elsewhere.

Usually an 8 mm. camera mounted out of normal reach, operating under fixed lighting conditions, and providing good head-on or profile photos of an individual at the prescription counter and the cash register will do the trick.

Automatic operation at 20- to 30-second intervals throughout business hours (or restricted to critical evening periods) is *essential* since the robber must be convinced the pictures will be taken, despite his

order to "freeze and don't pull a button."

Other cameras and closed-circuit TV are also sometimes useful for this purpose, but are seldom as economical or as effective as the 8 mm. unit and film, both of which a pharmacy can generally purchase on favorable terms from a supplier.

And, when cameras are installed, be sure to obtain decals or put up signs advertising, "AUTOMATIC SURVEILLANCE CAMERAS IN OPERATION."

Summing up, in this column and the preceding one we've discussed the application of signs, delay barriers, emergency alarm devices, lighting, housekeeping, mirrors and cameras. Why not take steps today to deter robbery against your premises—it's a matter of life!

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- The pharmacy and/or pharmacist have maintained adequate records to determine the product dispensed and the manufacturer of that product and makes those records available to Robins;
- The product has been dispensed in accordance with all applicable laws and regulations and there is no evidence of any improper or negligent act or statement on the part of the pharmacy and/or pharmacist.

Any express warranty made by the pharmacy and/or pharmacist without Robins authorization or any physical or chemical change in the product made by the pharmacy and/or pharmacist will generally be considered sufficient to cause Robins to decline to assume the defense of the pharmacy and/or pharmacist and to deny liability.

The Robins' policy is equally applicable to instances in which a Robins product has been designated by the physician by brand name or the physician has prescribed a drug by generic name and the pharmacist has filled the prescription with a Robins product having that same generic name.

When another manufacture's product has been dispensed in filling a prescription for a Robins product, Robins naturally cannot and will not assume the defense of the pharmacy or pharmacist even though substitution is permitted under the applicable state law.

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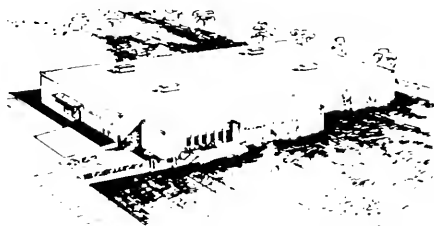
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REPORT

COMMITTEE ON PUBLIC HEALTH & WELFARE

Kenneth Edwards, Chairman

The past Association year has been an exceedingly busy one for the Committee on Public Health & Welfare whose major responsibility is to review and make recommendations governing the operation of the Medicaid drug program in North Carolina.

The MAC/EAC proposals along with cost containment recommendations and adapting of an administrative switch from Paid Prescriptions to EDS-Federal have posed problems for the committee, some of which continue to today.

Initially, EDS-Federal encountered some start-up problems as it assumed responsibility for administering the Medicaid drug program August 1, 1976. But with each passing month, EDS-Federal's record improves. As vendors learn to adapt to the EDS-F system, less errors occur and payment of claims are more prompt.

Since the current contract ends in June, negotiations are now underway in Raleigh. The state has indicated some interest in resuming responsibility for administering the program but the time factor will probably result in the contract going to a private firm, such as EDS-F, certainly for the July 1977-June 1978 period.

At the committee's December 1976 meeting, various MAC/EAC proposals were presented by Mr. Benny Ridout of the N. C. Department of Social Services. Since the MAC/EAC proposals were still under discussion in late 1976 and with a pending change in administrations, both at the national and state levels, the committee did not approve any of the proposals at that time.

In early 1977, two MAC drugs have been under consideration with some additions expected in late April. Some MAC drugs have been placed into the state system at EDS-F at a price range generally acceptable to most vendors.

The committee is constantly reviewing the situation and will inform members of the NCPHA of any changes, planned or implemented.

The cost containment proposals now under consideration in Raleigh are so important to

the success, or failure, of the Medicaid drug program, the committee felt it essential all members of the NCPHA be informed of the Raleigh-based proposals, hence the Medicaid Rx Alert letter which we assume all of you have received by now.

Since the next sixty days will be critical ones for the Medicaid drug program, the committee will monitor developments on a day by day basis.

The committee's position at this point is that in the event it becomes essential to reduce Medicaid expenditures, Pharmacy will share in the reduction as the total drug cost, percentage-wise, relates to the total program. The committee feels that cost containment, if necessary, should be shared by all vendors, not one or two.

As indicated in our Medicaid Rx Alert communication, the root problem is eligibility. Unless some procedure can be devised to control eligibility—thousands of recipients have and are being added to the rolls—no cost containment program can be effective in the long run short of elimination of the entire Medicaid Vendor Program.

Our most recent information out of Raleigh is that the Medicaid cost containment proposals have been placed on the backburner since the proposals are considered a political hot potato. But you can be certain the issue will re-emerge soon, if for no other reason than the dollars involved, estimated at \$275 to \$300 million.

A state-wide program which involves an estimated 10% of the total prescriptions dispensed in North Carolina each year obviously is one of special socio-economic interest to Pharmacy, how well it is funded, its administrative policies and prompt payment of claims.

On a comparative basis, the North Carolina Medicaid drug program is rated one of the better programs of its type, from the standpoint of both recipient and vendor. We would like to keep it that way. Toward that end, your continued interest and support are solicited.

PUBLIC HEALTH AND WELFARE

Kenneth Edwards, Chairman, P. O. Box 40, Stantonsburg 27883

James L. Creech, 109 S. 3rd St., Smithfield 27577

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"The *Pharmacy Security Manual* is dedicated to the thousands of community pharmacists who too often find themselves the targets—or prospective targets—of crime and want to do something about it," said Gloria R. Sabatini, SK&F's Director of Pharmacy Affairs and Health Programs. "It is part of

SK&F's Pharmacy Security Project to aid pharmacists in performing their vital role in health care delivery."

The *Manual* is written by Thad L. Weber, an internationally recognized security authority, in consultation with SK&F's Pharmacy Security Advisory Panel. Mr. Weber is also the author of "Rx Security," a new monthly column which SK&F has made available to state and local pharmacy journals.

"As we say in the introduction," Ms. Sabatini noted, "the *Manual* is not intended for 'light' reading. The problem of pharmacy crime is a serious one and the book is written in that manner. We think it will be of great interest to pharmacy."

Copies of the *Pharmacy Security Manual* are available from SK&F Professional Sales Representatives or by writing to Mr. Ray Medeiros, E-50, Professional Sales Department, Smith Kline & French Laboratories, P. O. Box 7929, Philadelphia, Pennsylvania 19101.

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It's not too early to schedule your vacation or weekly day off for golf, tennis, etc. Call 767-2970. References furnished.



MARRIAGES

Miss Vickie Arelene Bailey and *George David Teal* exchanged wedding vows at the Southwood Pentecostal Holiness Church in Rockingham, Sunday, February 20th. The Rev. Levaughn Young officiated for the double-ring ceremony.

The bride attended Richmond Technical Institute and is an assistant physical therapist at Richmond Memorial Hospital. The groom is a graduate of the School of Pharmacy at the University of North Carolina at Chapel Hill and is a pharmacist at Richmond Memorial Hospital. The couple will make their home in Rockingham.

The marriage vows of *Paula Joy Crosland* of Concord and William Dale Martin of Sanford were solemnized on February 5 at the Outlaws' Bridge Unitarian Church. The Rev. Darrell Barger officiated.

The bride is a graduate of the School of Pharmacy at the University of North Carolina at Chapel Hill and is employed at Rowan Memorial Hospital. The bridegroom is a graduate of the University of North Carolina at Chapel Hill where he majored in political science. The couple will make their home in Sanford.

Miss Nora Sue Collins and Arthur Palfrey Bode spoke their marriage vows Sunday, March 6 at Enfield Baptist Church.

The bride is a graduate of the University of North Carolina School of Pharmacy and is a pharmacist at Wake County Medical Center in Raleigh. The bridegroom also was graduated from the University of North Carolina at Chapel Hill where he is studying for his doctorate in the Department of Pathology.

Miss Patricia Ann LaFevers and *Earl Thomas Digh, Jr.* were married Saturday, March 26 in the Chapel of the Calvary Baptist Church by the Rev. C. David Boan.

Mr. Digh is a graduate of the School of Pharmacy at the University of North Carolina at Chapel Hill and is a pharmacist at Burke Pharmacy. The bride is a graduate of Western Piedmont Community College and is a registered nurse at Broughton Hospital. The couple will make their home in Morganton.

DEATHS

B. F. KLEIN

Benjamin F. (Ben) Klein, age 70, died March 14 in a Miami-Florida hospital.

Prior to retirement, Mr. Klein operated the Charlotte Street Pharmacy in Asheville.

J. P. GOFORTH

J. Philip Goforth, age 47, Asheville pharmacist, died March 24 in a uncombe County VA hospital after a brief illness.

A resident of Asheville for the past 15 years, Mr. Goforth was president of Barefoot & Tatum Drugs, Asheville. He was a graduate of Shelby High School (1958) and the Medical College of Charleston, South Carolina.

MRS. PHIL GADDY

Mrs. Johnnie P. Gaddy of Marshville died recently in Mercy Hospital, Charlotte.

Mrs. Gaddy was the wife of Pharmacist Phil Gaddy, Union Drug Store, Marshville

CHARLOTTE

Reported by Mrs. W. B. Hawfield

The March meeting of the Charlotte Woman's Pharmaceutical Auxiliary was a Fun Day Brunch at the home of Mr. and Mrs. Jesse Oxendine.

The club had as their guests Mrs. L. Milton Whaley of Durham, state auxiliary president, and her friend, Mrs. Lloyd Riggsbee of Chapel Hill. Five prospective members were also special guests.

A Saint Patrick's Day theme was carried out in decorations throughout the home.

Mrs. Don Weathers, president, conducted the business session, in which Mrs. Whaley presented plans for the state convention to be held in Greensboro in April.

CLASSIFIED ADVERTISING

Classified advertising (single issue insertion) 10 cents a word with a minimum charge of \$3.00 per insertion. Payment to accompany order.

Names and addresses will be published unless a box number is requested.

In replying to "blind" ads, address Ad. No., Carolina Journal of Pharmacy, P. O. Box 151, Chapel Hill, N. C. 27514.

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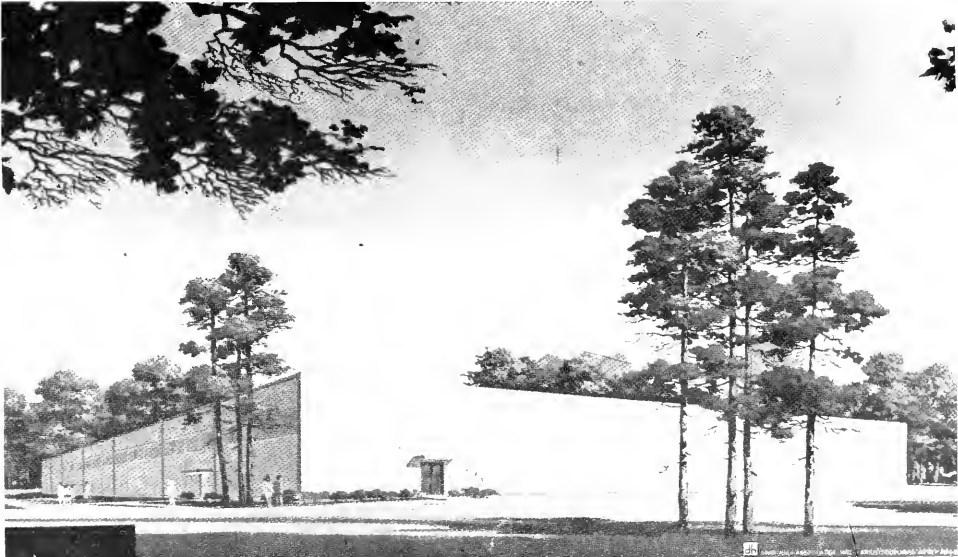
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SCHOOL OF PHARMACY



North Carolina Lt. Governor James C. Green is pictured with twin pharmacists June (Mrs. June B. West) and Jane (Mrs. Jean B. Provo) of Raleigh. The trio compared political notes at annual meeting of North Carolina Pharmacy Political Action Committee held in Greensboro in April as a part of the 97th annual meeting of the North Carolina Pharmaceutical Association. Photo by Colorcraft Corporation.

NUMBER 6

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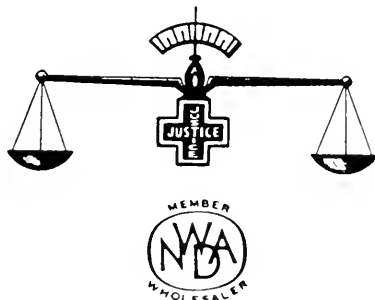
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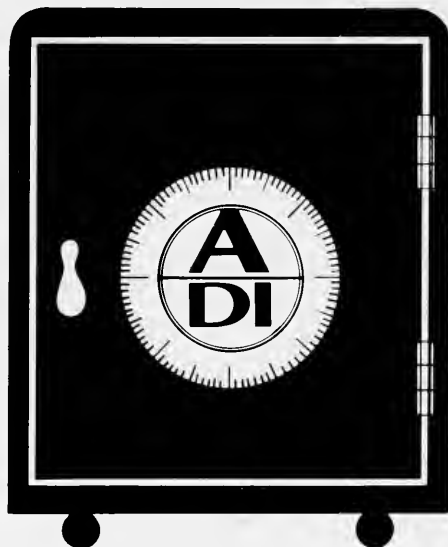


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THE CAROLINA JOURNAL of PHARMACY

JUNE 1977

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NUMBER 6

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, Box 151, Chapel Hill, N. C. Subscription rate: \$3.00 a year; single copy, 25 cents. Second class postage paid at Chapel Hill, North Carolina 27514.

Publication Number 091280

STATE ASSOCIATION PRESIDENT PHARMACY GRADUATION SPEAKER

Eugene W. Hackney, President of the North Carolina Pharmaceutical Association was the guest speaker during graduation ceremonies for the U.N.C. School of Pharmacy. This year's class numbering 109 graduates heard Hackney on May 15 at Hill Hall on the U.N.C. campus.

In his address, Hackney stressed the changing roles of pharmacists as they become more closely aligned with other health care team members in the delivery of improved medical care. He told graduates, "The role pharmacists will play in the future is determined by us in the profession along with other health personnel and the general public." "The market place," he said, "challenges us to fill health needs that are not met at present. We must constantly modify our roles to meet the needs of society. Change is never easy, but it is vital to our growth."

Hackney, himself a 1954 graduate of the U.N.C. School of Pharmacy and affiliated with the North Elm Pharmacy, Lumberton, urged graduates to "combine your formal education and your specialized training with an attitude of concern and a desire to make a contribution to the world."

Dr. Tom S. Miya, Dean of the U.N.C. School of Pharmacy, presented graduates their diplomas.

FOR CONVENTION IN BRIEF, SEE ILLUSTRATED FEATURE BEGINNING ON PAGE 23.

PARAMORE APPOINTED MEMBER OF STATE SOCIAL SERVICES BOARD

Pharmacist Rex Paramore of Nashville has been appointed to the North Carolina Social Services Board of the State Department of Human Resources.

Paramore will be serving a 6-year term on a 7 member board which has the responsibility of setting up rules and regulations for state social services programs.

Pharmacist Paramore, owner of Ward Drug Company, Nashville, served as Nash County

co-chairman of Jim Hunt's successful campaign for governor last year.

He is an immediate past member of the NCPHA executive committee and president of the N. C. Pharmacy Political Action Committee.

HOSPITAL WEEK

In observance of National Hospital Week, the Southeastern Times of Elizabethtown included a special supplement spotlighting the Bladen County Hospital.

Included in the section devoted to the hospital's board was Alfred Gene Smith, who is a member of the Bladen County Hospital Board of Trustees.

TMA FOUNDATION

Recent contributors to the TMA Foundation include Frank Fife of OMB, Canie B. Smith of Dr. T. C. Smith Company, L. D. Davidson of the Pfeiffer Company and L. M. McCombs, Secretary-Treasurer of the TMA.

CONSOLIDATED PHARMACY LOAN FUND

Recent contributors to the Consolidated Pharmacy Loan Fund, as administered by the NCPHA, include the Cornwell Drug Stores of Western North Carolina and Gary Newton of Fayetteville whose contribution has been assigned to the American College of Apothecaries Pharmacy Student Loan Fund.

During the calendar year 1976, more than \$20,000 was loaned to pharmacy students and present indications are the total will surpass this in 1977, all made possible by contributors such as those listed above.

The Cape Fear Pharmaceutical Society, in memory of the late W. Latham West of Roseboro, has established the W. Latham West Pharmacy Student Loan Fund as a part of the Consolidated Pharmacy Loan Fund.

A recent contributor to the W. Latham West Pharmacy Student Loan Fund was Mrs. W. Latham (Mary) West of Lakeland, Florida.

GAGNON PRESENTS PAPERS AT PHARMACY MEETING

Associate Professor Jean P. Gagnon, Head, Division of Pharmacy Administration, U.N.C. School of Pharmacy, presented "Importance of Pharmaceutical Services: Consumers vs. Pharmacists" and "Consumer Feedback System and Improved Consumer Relations" at the 124th Annual Meeting of the American Pharmaceutical Association, May 16, 1977, in New York.

In his paper relating to the importance of pharmaceutical services, Gagnon points out that his surveys show pharmacy patrons and pharmacists are not in agreement on certain major points. Pharmacists believe that cleanliness and neatness of their stores and surroundings, friendliness of pharmacists and clerks, fast service, parking, delivery services, and professional advice are of major concern to consumers. On the other hand, consumers rated 24-hour professional services on a seven-day week basis and late evening hours of more significance.

In other areas of Gagnon's report, he refers to his surveys which reveal that patrons of nonchain pharmacies desire the personalized services of a pharmacist more than those who frequent chain store pharmacies. In addition, he found that nonchain pharmacists appear to be more willing to offer pharmaceutical services than their chain counterparts. Another consideration which Gagnon points out is that people who patronize chain store pharmacies tend to be younger and more educated than those who use nonchain stores.

In his paper dealing with consumer feedback, Gagnon distributed questionnaires in many North Carolina pharmacies to determine how consumers feel about services they receive from pharmacists. Responses indicate that 84% of pharmacy patrons travel less than 20 minutes to reach a pharmacy and that a large percentage have been using the same pharmacy for more than two years. Another finding was that personal, convenient, and economically-oriented services are rated important to North Carolina consumers. In general, Gagnon's findings indicate that North Carolina pharmacists rate good marks on their performance of pharmaceutical services.

Each pharmacy participating in Gagnon's study received a formal report detailing how

its patrons rated their pharmacist and store. In addition, each was provided average scores for North Carolina Pharmacists as a whole in order to permit comparisons.

CLEA BAKER RECEIVES PHARMACY AWARD

Clealand F. Baker, Vice President for Corporate Planning, Burroughs Wellcome Company, Research Triangle Park, was named Distinguished Service Award winner for 1976-77 by the School of Pharmacy of the University of North Carolina. The award was presented to Baker by Dean Tom S. Miya during awards night ceremonies held at the school.

The Distinguished Service Award is presented to that individual, other than a student or faculty member, who has made outstanding contributions to the instruction, research and/or service functions of the School of Pharmacy. Baker was cited for his support of past and present school programs, including class presentations and participation in continuing education courses. He is also a director of the school-related North Carolina Pharmaceutical Research Foundation.

Baker joined Burroughs Wellcome in 1941 and has held positions of advertising manager, manager of marketing and advertising division and manager of corporate planning before being named to his present position of vice president for corporate planning.



Following announcement of his selection as 1977 Pharmacist of the Year, David R. Davis of Williamston is shown being congratulated by friends. Details later of Pharmacist of the Year dinner scheduled in Williamston, Friday, July 22. Photo by Colorcraft.

PHARMACISTS LICENSED APRIL 15, 1977 (72)

- 6650. ACTON, David Michael, 8200 S.W. 99 St., Miami, Fla. 33156
- 6651. ALLEN, Earle Watts, Jr., 500 Downey Pl., Gastonia 28052
- 6652. BARROW, Roy Douglas, 505 N. Bynum St., Wilson
- 6653. BARRY, Deborah Wertheim, 109 Dillard St., Carrboro 27510
- 6654. BERRY, Joni Ingram, 1712 Open Air Camp Rd., Durham 27712
- 6655. BESS, Richard Wayne, 590 W. Peace Haven Rd., Winston-Salem 27104
- 6656. BIZZELL, William Robert, 618 N. Church St., Mt. Olive 28365
- 6657. BOSS, Sara Ellen, 747 4th St., Dr., N.W., Hickory
- 6658. BROOKINS, George William, P. O. Box 487, Mars Hill 28754
- 6659. CAMPBELL, Sharon Renaye, 2126 Aberdeen St., Charlotte 28208
- 6660. CARLTON, William Bruce, Jr., Revco, Cross Creek Mall, Fayetteville
- 6661. CARROLL, Norman Vernon, 848 Poplar St., Mocksville
- 6662. DAVIS, Alice Sharon Spivey, 126-A LaMancha Dr., Asheville 28805
- 6663. DAVIS, James Campbell, Jr., P. O. Box 207, Waxhaw 28173
- 6664. DIXON, Mary Louise, 300 N. Stephens St., Fairmont 28340
- 6665. DOLLAR, Sarah Lucinda, 42 Woodvale Ave., Asheville 28804
- 6666. EARLY, Tommie Joy, 5401 Apt. D. Friendly Manor Dr., Greensboro
- 6667. FARLESS, Lonnie Wood, Rt. 1, Box 120, Merry Hill 27957
- 6668. FEAGIN, James Philip, P. O. Box 442, Flat Rock 28731
- 6669. FOWLER, Gail Sifford, P. O. Box 414, Faith 28041
- 6670. GHANTT, Jerry Center, 1792 G Ebenezer Rd., Rock Hill, SC 29730
- 6671. GRAY, Angela Lynne, 107 Cedar Creek, Havelock 28532
- 6672. HARVEY, Henry Lawrence, Jr., Rt. 2, Highland Hills, Clemmons 27012
- 6673. HEDRICK, Nancy Ellen, 2828 Park Avenue, Wilmington 28401
- 6674. HENRIKSEN, Frederick Michael, 217 W. Blackbeard, Wilmington 28401
- 6675. HERRING, Henry Haven, Jr., P. O. Box 26, Roseboro
- 6676. HESTER, Rez Patterson, Jr., 40-B Duke Manor, 311 S. LaSalle St., Durham 27705
- 6677. HOOPER, Sandra Sue, P. O. Box 958, Sylva 28779
- 6678. HOOVER, Helen Elaine Alexander, 515 Brookwood Dr., Durham 27701
- 6679. HOUSTON, Owen Wayne, Rt. 5, Box 269B, Clinton 28328
- 6680. INGOLD, Frances Diane Cottrell, 1612 Morton St., Greensboro 27403
- 6681. JERNIGAN, Carol Martin, 77 Hamilton Rd., Chapel Hill 27514
- 6682. JOHNSON, Mary Robin, 2417-H Wesvil Ct., Raleigh 27607
- 6683. JOHNSON, Richard Hunter, 863 Leak St., Southern Pines
- 6684. KING, Janice Frances, 613 F. St., Apt. #2, North Wilkesboro 28659
- 6685. LAMONT, William, III, Rt. 7, Box 66A, Durham 27707
- 6686. LEWIS, Samuel Floyd, 625 Eldorado, Troy 27371
- 6687. LOCKLEAR, Fredrick Ray, P. O. Box 463, Pembroke 28372
- 6688. LUXTON, Denise Bost, Beaufort Liggett Rexall Drug, Beaufort
- 6689. McCONNELL, Marilyn Anne Lee, 2442-C.S. Holden, Greensboro 27407
- 6690. McNEILL, James Daniel, 129 Wilkins Dr., Durham
- 6691. MERCER, Richard LeRoy, 316 Friendly Ave., High Point 27260
- 6692. MITCHELL, William Douglas, L-2 Heritage Hills, Rocky Mount 27801
- 6693. MOSS, Jo Ann Seymour, 1206 Forrest St., High Point 27262
- 6694. MURRELL, Rena Emily, 815 Pine Valley Rd., Winston-Salem
- 6695. MYERS, Ronnie Dale, 1008 South Cox St., Asheboro 27203
- 6696. NEIL, Walton Gibson, P. O. Box 303, Huntersville
- 6697. NELSON, Wallace Edgar, P. O. Box 621, Hertford 27944
- 6698. O'NEAL, Edwin Leigh, 106 Lamont St., Belhaven 27810
- 6699. PHELPS, Judith Loraine, 5305 Hatcher Rd., New Bern
- 6700. QUEEN, Betsy Lea, 214 Pinegate Circle, Apt. 4, Chapel Hill 27514
- 6701. RASH, Michael Craig, 15 Lakeview, Rt. 2, Chapel Hill 27514
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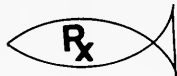
- 6703. SHOOK, Patricia Ann, Apt. H, 1601 Sedgefield St., Durham 27705
- 6704. SIDES, John Wesley, III, P. O. Box 22, Bakersville 28705
- 6705. SINHEL, Diane Marie, Box 601, 9 W. Atlanta St., Wrightsville Beach 28480
- 6706. SPENCER, Kenneth Wayne, Rt. 10, Box 512, Hickory 28601
- 6707. STEVENSON, Nicholas Shawn, 3600-A Lakefield Dr., Greensboro 27406
- 6708. TANG, Bertram Hon-Sun, 3716 Suffolk St., Durham 27707
- 6709. TAYLOR, James Martin, 4727 Brompton Dr., Greensboro 27407
- 6710. TEAGUE, Michael Ray, Box 4014, 9 W. Atlanta St., Wrightsville Beach 28480
- 6711. THOMASSON, Steven Willis, Rt. 1, Box 120B, Booneville 27011
- 6712. TILLET, Benjamin Wyche, Jr., 713 Chub Lake Rd., Roxboro
- 6713. TODD, Joe Anne, P. O. Box 182, Wendell 27591
- 6714. UTSEY, Louis Johnston, 1335 12th St., Dr., N. W., Hickory 28601
- 6715. VLACHOS, John Tom, 216 S. Green St., Winston-Salem 27101
- 6716. WALKER, Dennis Eugene, Jr., 136 Bent Twig Ct., Winston-Salem 27103
- 6717. WEANT, Theodore Franklin, III, 203 Westbury Dr., Oxford
- 6718. WILK, Helen Deere, 226 E. Main St., Ahoskie
- 6719. WILLEY, Warren William, 311 Salisbury St., Apt. 25, Kernersville
- 6720. WRIGHT, Michael Gregory, Apt. 102-P Cherry Ct. Dr., Greenville 27834
- 6721. YOUNG, Bea Yvonne, Rt. 3, Box 564, Spruce Pine 28777

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EDWARDS GIVEN AWARD FOR OUTSTANDING SERVICE TO COMMUNITY

L. Kenneth Edwards, Jr., Stantonsburg community pharmacist, has been honored by the North Carolina Pharmaceutical Association as its 1977 recipient of the A. H. Robins "Bowl of Hygeia" Award, for outstanding service to his community.

The award plaque was presented to Edwards, owner of Stantonsburg Drug Company, Inc. at 111 South Main Street, on April 24 during the association's annual convention in Greensboro.

Roy M. Moss, CMR, district manager in the South Atlantic Division of A. H. Robins Company, presented the award on behalf of the North Carolina association. Also participating in the ceremony was the association's president, Tom Burgiss of Sparta.

The recipient is a native of Stantonsburg and received his training in pharmacy at the University of North Carolina.

Edwards is currently chairman of the Wilson County Board of Health, a trustee of Wilson Memorial Hospital, and director of the Area Health Education Center for Region L. He is president of both the Stantonsburg Industrial Development Corporation and the Stantonsburg Industrial Development Foundation. In 1971 the local Kiwanis Club, of which he is a past president, named him as outstanding citizen of Stantonsburg.

He has served as a director of the Wilson County Chamber of Commerce, and is a former member of both local and district school boards, as well as past master and treasurer of Joseph Warren Masonic Lodge No. 92.

He is a member of the local Elks lodge, the local Farm Bureau, and has served as chairman of the board of Stantonsburg United Methodist Church, for which he was Sunday School superintendent for 26 years.

In pharmacy, he is a member and committee chairman of the North Carolina Pharmaceutical Association, and in 1975-76 was a member of its executive board. He is a charter member and past president of the Wilson County Pharmaceutical Association. He is also associated with the North Carolina Academy of Pharmacy, the North Carolina Association of Professions, and the Pharma-

cists' Political Action Committee of North Carolina.

At the national level, he is a member of both the American Pharmaceutical Association and the National Association of Retail Druggists.

The Bowl of Hygeia, most widely recognized international symbol of pharmacy, derives from Greek mythology.

Hygeia was the daughter and assistant of Aesculapius (sometimes spelled Asklepios), the God of Medicine and Healing. Her classical symbol was a bowl containing a medicinal potion, with the serpent of Wisdom (or guardianship) partaking of it. This is the same serpent of Wisdom which appears on the caduceus, the staff of Aesculapius which is the symbol of medicine.

The "Bowl of Hygeia" Award, presented annually through the North Carolina Pharmaceutical Association, is a handsome mahogany plaque measuring 10 by 13 inches and featuring the Bowl of Hygeia cast in bronze. It is modeled after a sterling silver bowl made by a Mexican silversmith and given to A. H. Robins Company by its Latin American representatives in 1953 on the Richmond (Va.) ethical pharmaceutical manufacturing firm's 75th anniversary.

A desire to encourage all pharmacists to take active roles in the affairs of their communities prompted E. Claiborne Robins, chairman of the board, to establish the award in 1958. It is now presented annually by participating pharmaceutical associations in each of the United States, the District of Columbia, Puerto Rico and the provinces of Canada. The recipients are selected by their respective associations.



Roy Moss presents Robins "Bowl of Hygeia" award to Kenneth Edwards. Photo by Colorcraft.



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NEW PHARMACIES

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Kmart Pharmacy, 703 E. Greenville Blvd., Greenville. John W. Stancil, pharmacist manager.

Aurora Plaza Drugs, Highway 33 East, Aurora. James D. Tyndall, pharmacist manager.

Davie Discount Drugs, Cooleemee Shopping Center, Cooleemee. Charles E. Evans, Jr., pharmacist manager.

McLaughlin's Medical Arts Pharmacy, 2520 Fayetteville Street, Durham. William H. McLaughlin Jr., pharmacist manager.

Revco Discount Drug Center, 100 N. Greensboro Street, Carrboro. Charles J. Branton, pharmacist manager.

Rehabilitation Pharmacy Services, Inc., 3100 Erwin Road, Durham. Dale L. Tysinger, pharmacist manager.

CHANGE IN OWNERSHIP

Johnson's Drug Store, 134 South Main Street, Littleton. James A. King, pharmacist manager.

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Charles Michael Finucan from South Carolina

John Estes Gill, III from Virginia
Robert M. Taromina from New York

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SMITHFIELD—Break-in and larceny of drugs from Eckerd's in Rose Manor Shopping Center. Damage to a window estimated at \$275.00.

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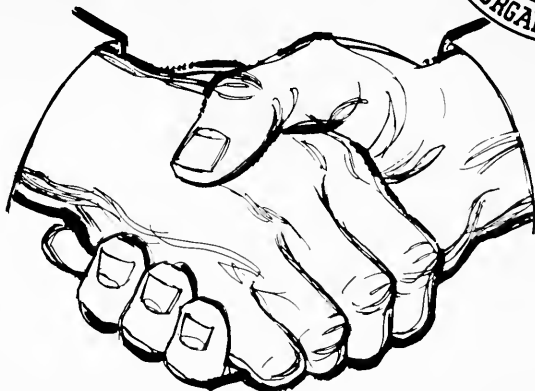
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DR. WALL PRESENTS PHARMACY LECTURE

Monroe E. Wall, Ph.D., Vice President and Director, Chemistry and Life Sciences, Research Triangle Institute, presented the 1977 Walter Hartung Memorial Lecture in Medicinal Chemistry at the UNC School of Pharmacy on April 20.

Dr. Wall's presentation was "Structure-Biological Activity Relationships of Plant Antineoplastic Agents."

BERLOW SPEAKS TO SANFORD PARENTS AND TEACHERS

Assistant Professor Leonard Berlow, UNC School of Pharmacy, was the guest speaker at a drug abuse education conference sponsored by the Sanford Chamber of Commerce on April 26.

Berlow's topic was "Why Kids Use Drugs." He spoke at the Sanford and Jonesboro Elementary Schools to parents and teachers.

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LAFFERTY ATTENDS MEETING

Clinical Instructor Robert P. Lafferty represented the UNC School of Pharmacy at the recent National Coordinators Meeting of the Health Sciences Consortium held in San Antonio, Texas.

* * *

Dr. George Cocolas, Head, Division of Medicinal Chemistry, UNC School of Pharmacy, becomes chairman, Medicinal Chemistry Section of the Academy of Pharmaceutical Sciences of the American Pharmaceutical Association at its 124th Annual Meeting in New York City on May 15.

Presenting a paper at this same meeting "Antitumor Constituents of *Brucea Javanica*: Isolation of Brucein-E and Structural Characterization of Bruceoside-A," is Associate Professor Kuo-Hsiung Lee of the Division of Medicinal Chemistry, UNC School of Pharmacy. Dr. Lee will also co-chair a session of the Medicinal Chemistry section of the APhA Academy of Pharmaceutical Sciences.



1977-78 OFFICERS OF THE CHAPEL HILL WOMAN'S PHARMACEUTICAL AUXILIARY—Left to right: Gagnon, Blaug, Whaley, McBay, Peterson, Chambers and Rheta Skolaut, installation officer.



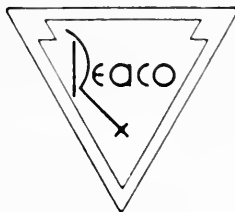
1977-78 OFFICERS OF THE DURHAM-ORANGE PHARMACEUTICAL ASSOCIATION—Left to right: Palmer, Fearing, Rollins and Smith.

SMITHS HONORED IN CHAPEL HILL

Vivian and W. J. Smith were honored by the Durham-Orange Pharmaceutical Association and the Chapel Hill Woman's Pharmaceutical Auxiliary during a joint dinner meeting held at the Institute of Pharmacy in Chapel Hill on May 5, 1977. They each received a Life Membership certificate and a gift from their respective organization, along with much appreciation for their years of support and devotion to all phases of pharmacy in North Carolina. The Chapel Hill Auxiliary announced its contribution of \$200 to the Vivian Spradlin Smith Scholarship Fund for a deserving student at the UNC School of Pharmacy.

Mr. Eugene Hackney of Lumberton, president of the NCPHA, installed the 1977-78 officers of the Durham-Orange organization as follows: Jerry Palmer, president; Connie Fearing, vice president; Kathleen Rollins, secretary-treasurer; and executive committee members Henry Smith and Robert Lafferty.

Mrs. Rheta Skolaut of Durham, president of the NCPHA Auxiliary, installed the new officers of the Chapel Hill Auxiliary: Ann Gagnon, president; Babette Blaug, vice president; Neta Whaley, secretary; Avis McBay, treasurer; Dixie Peterson, historian; and Marian Chambers, advisor.



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The Smiths—W. J. and Vivian—are pictured with life membership certificates awarded to them on May 5. Photos by Dr. Jack K. Wier.

REPORT

COMMITTEE ON COMMUNITY PHARMACY

Marshall Sasser, *Chairman*

The Committee on Community Pharmacy examined the proposed Confidential Pharmaceutical Association Crime Report and concur that the uniform reporting of break-ins and robberies, plus the proper followup of tabulation and evaluation of the data, and dissemination to the Pharmacists of the state could be of great benefit in fighting break-ins and reducing losses. However, for the program to be of greatest value, the members of the committee have suggested the important addition of a section E. That would include information on security or alarm systems used (including types and brands) and any means used by the intruders to by-pass these systems.

The pharmacist is deluged by sales proposals on various means of upgrading security and installing a widely varying assortment of alarm systems. But help is urgently needed, especially by the independent community pharmacist in evaluating these proposals.

We most heartily endorse the purpose of this reporting system with the noted addition with the provision that the subsequent evaluations be available on request to all members of the North Carolina Pharmaceutical Association.

As someone has suggested, the NCPHA would be a good instrument for securing, compiling, and distributing a master list of the liability policies offered by the Phar-

maceutical Manufacturers. With the growing concern as to the liability incurred in dispensing prescriptions and the increasing size of awards in suits against Physicians, Pharmacists and Manufacturers, ready availability of this information would at least be a morale booster for the Pharmacist so concerned.

One member of the committee has also suggested that it might be easy at the same time to list return goods policies of the same manufacturers in this publication. Also any influence the association might have in encouraging more liberal return policies would be helpful.

As most wholesalers have this information available, the committee makes no recommendation on this addition, but later consideration may be taken if interest is shown.

NCPHA members have asked the committee to suggest ways of increasing customer traffic in the independent community pharmacy. One of the most suggested methods has been that of creating a "low price image."

However, after surveying materials and studies on creating this low price image, the committee feels that at present, the best programs available to the independent pharmacists are those offered by the many wholesale druggists and buying co-ops, and each individual must make the decision which way to turn.

Selective discounting and the impression of low prices seems to be the key to increased profits through increased traffic, but most small community pharmacists have neither the time nor the employees experienced in these concepts. However, more and more the wholesaler through computerized ordering

"Service in Wholesale Quantities"



and pricing, offers the independent the same advantages that the chain stores have with a minimum of extra time and expense. We recommend any pharmacist use this to his advantage.

However, something that might be of more importance to the survival of independents in Pharmacy, has been suggested by one of our committee members and heartily endorsed by the committee,—the Association involvement in securing information to prospective pharmacy owners beyond that proposed in retaining the Pharmacy Economic Consultant. Besides helping with current management and business problems, and surveying projected locations for pharmacies, additional help is desperately needed by independents in securing information, sources of financing and methods of competing successfully with larger operations in securing desirable locations, especially in shopping centers, malls and medical complexes.

We urge the Association to offer this additional help to any of its membership at some time in the future when it becomes financially feasible.

One item that our committee was asked to review and comment upon was the use of "Inventory Control" the first part of the "Guide to Good Pharmacy Management" offered by Roche Laboratories and NARD cooperating. Though this is of vital concern in increasing turnover and return on investment and thereby increasing cash-flow, the committee feels most pharmacists are familiar with the types of inventory control available, and especially the control offered by the new electronic ordering systems offered by most of our

service wholesalers. It has been suggested that a survey of NCPHA members as to the type of inventory control they use and their personal results might be the most helpful to the general membership.

Members of the committee were also interested in the proposed use of computerized prescriptions records and the progress of the feasibility of use by the moderate sized independent community pharmacy. We recommend the association continue to accumulate and disseminate this information as available.

The Committee on Community Pharmacy has one more major concern. We know that the NCPHA Committee on Delivery of Pharmaceutical Services has been assigned the responsibility of maintaining an organized study of Physicians Assistants/Nurse Practitioners and Pharmacy related roles. However, the members of our committee see that the Community Pharmacist is now being constantly faced with situations in which it is obvious that the PA or NP and the supervising physician involved are not fully aware of proper prescribing procedures. Thus the Pharmacist is constantly pressured by decisions in which there is a conflict between what we understand to be proper and lawful and what the Medical Society or their representatives understand.

Our pharmacists do need help in this matter. Whether a joint meeting with PA/NPs, the supervisor physicians, pharmacists, and representatives of the Board of Pharmacy and the Medical Society would be the answer we do not know; but we do recommend some sort

(Concluded on Page 35)

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THE 97TH NCPHA CONVENTION—IN BRIEF

PRE-CONVENTION ACTIVITIES

Awards Session

The annual NCPHA Awards Session was held Sunday afternoon, April 24 at the Holiday Inn-Four Seasons, Greensboro, preceding the official opening of the 97th annual convention. "50+" Certificates with their accompanying mortar-and-pestle tie-tacks were awarded to Joseph Parker Barbour, Burlington; G. E. Henderson, Shallotte; Sam Jenkins, Walstonburg; J. C. Jackson, Lumberton; L. Craig Lewis, Winston-Salem; Hoy A. Moose, Mt. Pleasant; I. Thomas Reamer, Durham; Joseph S. Selden, Weldon.

Ann Zehner Angle of Greensboro and Alfred Gene Smith of Elizabethtown were inducted into the North Carolina Academy of Pharmacy, and were presented with framed certificates.

The Bowl of Hygiea Award was presented to L. Kenneth Edwards of Stantonsburg and the Don Blanton Award went to Assistant Dean Lee Werley of Chapel Hill. Presidential Awards were presented to NCPHA President Tom Burgiss and to President-elect Eugene Hackney. Pharmacy Mate Award went to Mrs. Burgiss.

Invocation for the Awards Session was brought by Donald V. Peterson of Durham, a member of the NCPHA Executive Committee. Presiding officer for the session was President Burgiss, assisted by President-elect Hackney and Executive Director W. J. Smith.

Miya Reception

Following the Awards Session, Dean and Mrs. Tom Miya were formally welcomed by the NCPHA at a reception held in the pool area of the Inn. NCPHA officers and their wives assisted in receiving the more than 300 who attended.

FIRST SESSION

The 97th Annual Convention of the North Carolina Pharmaceutical Association officially opened Sunday evening, April 24 at 7 p.m. in the Imperial Ballroom of the Holiday Inn-Four Seasons, Greensboro. Convention chairman A. H. Mebane III introduced NCPHA President Thomas R. Burgiss, Woman's Auxiliary President Mrs. L. Milton

Whaley, and TMA President W. F. Elmore, who called their respective organizations to order.

The Reverend George Carpenter, Pastor of the Greensboro Starmount Presbyterian Church, brought the Invocation, and Greensboro City Manager Tom Z. Osborne welcomed the group to the city. John E. Nance, President of the Guilford County Society of Pharmacists, officially welcomed his colleagues.

The dinner meeting was a salute to the Woman's Auxiliary on the occasion of their 50th annual convention. A charter member, Mrs. Harry Allen of Cherryville, and past-presidents were recognized as Mr. Burgess paid tribute to the accomplishments and contributions of the Auxiliary.

Guest speaker Dr. Andrew D. Holt, President Emeritus, University of Tennessee, was introduced by W. J. Smith, since Dr. Holt was the first speaker under the newly founded Smith Lectureship Fund.

Convention chairmen brought announcements: Mr. Mebane for the NCPHA; Mrs. Dave Montgomery for the Woman's Auxiliary; W. H. Andrews for the TMA.

(Continued on Page 25)



The President Emeritus of The University of Tennessee, Dr. Andrew D. Holt (right) shown with Tom Burgiss. Photo by Colorcraft

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97th CONVENTION

Closing the dinner meeting was the announcement of the identity of the 1977 Pharmacist-of-the-Year, DAVID R. DAVIS of Williamston.

SECOND SESSION

The second session of the 97th annual convention, convening Monday morning, April 25, opened with a memorial service, led by Julian Upchurch of Durham, incoming member of the NCPHA Executive Committee.

Vice-President Hackney assumed presiding duties while President Tom Burgiss delivered his presidential address. (The text of this address as well as other reports and special presentations will be carried in future issues of the *Carolina Journal of Pharmacy*).

Reports on *National Pharmacy Legislative Affairs* by George P. Hager, and on *Institutional Pharmacy* by Stephen M. Caiola, followed.

Current Pharmacy Problems and Opportunities were discussed by John T. Henley and Barney Paul Woodard, members of the North Carolina General Assembly, Benny Ridout,

Pharmacy Consultant, N. C. Department of Social Services, and W. H. Wilson, Director of Professional Services, EDS-F Corporation.

The All American Panel featured Edward S. Albers, Jr., General Manager, Albers Drug Company; Seymour Holt, General Manager, Dista Products Company; Howard Stark, Chairman of the Board, American College of Apothecaries. Their discussion centered around "Pharmacy '77—Issues and Answers."

Other Monday Activities

On Monday afternoon, a Continuing Education Program, developed by Roche Laboratories, was presented under the sponsorship of the N. C. Society of Hospital Pharmacists. Recreation included a golf tournament, tennis matches, and a tour of Blandwood House. Members of the Woman's Auxiliary also held a luncheon at the Carriage House. On Monday evening convention guests attended the Barn Dinner Theatre.

THIRD SESSION

The third session of the 97th annual NCPHA Convention convened Tuesday morn-

(Continued on Page 26)



Guest speaker at April meeting of North Carolina Pharmacy Political Action Committee was Lt. Governor James C. Green. Pictured with Lt. Governor Green are, left to right; Bill Thames of Fayetteville; Green; Senator John T. Henley of Hope Mills and Rex Paramore of Nashville. Photo by Colorcraft.

97TH CONVENTION

ing, April 26, with Vice-President Herman W. Lynch, presiding. Reports were heard from Claude U. Paoloni, Continuing Education Chairman; Dr. David R. Work, Secretary-Treasurer, North Carolina Board of Pharmacy; Dean Tom S. Miya, UNC School of Pharmacy; Jane Hall, President, Student Branch, NCPHA/APhA; Robert B. Hall, Chairman Consolidated Pharmacy Loan Fund.

Gloria R. Sabatini, Director of Pharmacy Affairs & Health Programs for Smith Kline & French Laboratories, spoke on *Our Future in Health Care: Getting it Together*. Delbert D. Konnor, Staff Coordinator for Voluntary Compliance, Drug Enforcement Administration, discussed *DEA's Voluntary Compliance Program*. *North Carolina Pharmacy and the Consumer* was the subject of Dr. Jean Paul Gagnon's address.

The session adjourned for a luncheon honoring past-presidents of the NCPHA.

FOURTH SESSION

The fourth session of the 1977 NCPHA Convention, with President Burgiss presiding, featured interim reports of Association committees and officers. They were:

Delivery of Pharmaceutical Service, A. Wayne Pittman; *Insurance*, Hunter L. Kelly; *Consumer Affairs*, C. Michael Whitehead; *Public Health and Welfare*, Kenneth Edwards; *Public and Professional Relations*, Bob Lafferty; *Employer/Employee Relations*, Mickey Watts; *State Legislation*, C. Louis Shields; *Community Pharmacy*, J. Marshall Sasser.

Financial Reports included those of the *NCPHA Endowment Fund/Institute of Pharmacy* by B. Cade Brooks and the *NCPHA Central Office and Fiscal Affairs* by W. J. Smith.

Greetings from the Woman's Auxiliary were brought by their president, Mrs. L. Milton Whaley. She reported on the scholarship and loan funds maintained by the Auxiliary, as well as other current programs and projects.



Members of the North Carolina Pharmaceutical Association inducted into the 50 Plus Club (pharmacist license issued 1927 or prior year) are shown with certificates, left to right: G. E. Henderson, Shallotte; J. S. Selden, Weldon; Sam Jenkins, Walstonburg; Hoy Moose, Mount Pleasant; Tom Reamer, Durham; Craig Lewis, Winston-Salem; Joe P. Barbour, Burlington; and J. C. Jackson, Lumberton. Photo by Colorcraft.

Closing Reports

The report of the Resolutions Committee was presented by the chairman, Eugene Hackney. (The text of these resolutions appear elsewhere in this issue).

Roger Crane, chairman of the Time and Place Committee, and president of the Wake County Pharmaceutical Association, presented his committee's report as follows: The 1978 meeting in Asheville; the 1979 meeting a cruise following a one-day business session in a city to be chosen; the 1980 (centennial) meeting in Raleigh.

Headquarters for the 1978 convention will be the Great Smokies Hilton, Asheville. Asheville pharmacist Henry Shigley, in issuing the official invitation from Asheville and Western North Carolina Pharmacy, said the Hilton had all the necessary facilities including its own golf course, two swimming pools, indoor and outdoor tennis courts and food on par with the best the state has to offer.

Prior to adjournment of the 97th annual NCPHA Convention, Convention Manager Al Mebane reported attendance substantially above the 1976 total. Installation of officers

took place Tuesday night, 9:30 to 10:00 when officers of the NCPHA, TMA and Woman's Auxiliary were installed in a combined ceremony. See list page 31.

Final event of the 97th Convention was entertainment sponsored by The Traveling Men's Auxiliary; music by the Harry Snell Orchestra.

OFFICER NOMINEES

N. C. PHARMACEUTICAL ASSOCIATION

First Vice President

Jack Alexander, Highlands Pharmacy, Highlands

Joseph C. Miller, Boone Drugs, Inc., Boone

Second Vice President

Wyndham Dukes, McFalls Hillsdale Park Drug Co., Greensboro

Jack G. Watts, Eli Lilly & Company, Burlington

Third Vice President

Kenneth Edwards, Stantonsburg Drug Company, Stantonsburg

Marshall Sasser, Medical Center Pharmacy, Smithfield

(Continued on Page 28)



The All American Pharmacy panelists, a feature of the 1977 NCPHA Convention in Greensboro, are pictured, left to right; Edwards S. Albers, Jr., Knoxville; Howard Stark, Kansas City; and Seymour Holt, Indianapolis. Photo by Colorcraft.

97TH CONVENTION

*Member of the NCPHA Executive Committee,
1 year term*

David Claytor, Medical Center Pharmacy,
Greensboro

Evelyn Lloyd, James Pharmacy, Hills-
borough

Ernest Rabil, Bobbitt's Pharmacies,
Winston-Salem

C. Louis Shields, Johnson Drug Company,
Jacksonville

Milton Skolaut, Duke Hospital Pharmacy,
Durham

B. Paul Woodard, Woodard's Pharmacy,
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5 Year Term

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ville

A. H. Mebane, III, Elm Street Pharmacy,
Greensboro

Leslie M. Myers, Revco, Winston-Salem

Joseph C. Perkins, Stokes Pharmacy, Inc.,
King

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Harold V. Day, Day's Drug Company, Spruce
Pine

Wade A. Gilliam, Winston-Salem

Charles B. Gillespie, Jr., Pollard's Drug
Store, Burnesville

William P. Powell, Community Medical
Center Pharmacy, Mars Hill

W. Dorsey Welch, Jr., Washington

Frank Yarborough, Cary



The Treasure Room, a convention fund-raising project of the Woman's Auxiliary of the NCPHA, netted \$900 through the efforts of Bernice Brooks (seated), Mrs. Milton Whaley and others. The plants shown were grown and contributed by Milton Skolaut of the Duke University Medical Center. Photo by Colorcraft.

REPORT

COMMITTEE ON
INSTITUTIONAL PHARMACY

Stephen M. Caiola, Chairman

The immediate concerns and recommendations of this Committee are as follows:

1. *Controlled Substances in Emergency Drug Kits in Nursing Homes:*

The North Carolina Controlled Substances Act Rules and Regulations have been amended (Chapter 1, Part 5) to authorize limited quantities of controlled substances in special emergency kits in nursing homes or long term care facilities (skilled nursing facilities, intermediate care facilities and combination facilities). This Committee recommends that the Association promulgate this amendment through publication in the *Carolina Journal of Pharmacy*, in the *Tar Heel Digest* or by stating notice of its availability from the Executive Director's office in either or both of the above two publications.

2. *Non-Decipherable Prescribers' Signatures:*

Hospital prescription blanks which do not contain the printed name of the prescriber often do not permit the pharmacist to contact the physician, dentist, nurse practitioner, physician's assistant, etc. because of illegibility of the signature. This problem has been addressed by this Committee in years past. It appears we may now be near development of appropriate legislation to require, on all prescriptions, the printed name, address and telephone number of the prescriber in addition to his/her legal signature. Also, the Association has received preliminary favorable reaction to this proposal from a number of officials of the N. C. Medical Society.

This Committee, therefore, supports Mr. Milton Skolaut's resolution to this Convention that all legal prescriptions bear the printed name, address and telephone number of the prescriber in addition to the legal signature.

3. *Illegal Payment to LTCF (Long Term Care Facilities) for the Opportunity to Provide Pharmaceutical Services:*

Although there are no documented court cases of "kickbacks" involving pharmacists and LTCF's in North Carolina, this

illegal practice exists and is national in concern. The Carter administration has proposed changing the penalty for Medicaid fraud from a one-year misdemeanor to a felony carrying a five-year jail term. Because of significant national and local concern over this unethical practice of such illegal payments, the Committee recommends that the Association adopt the policy of being opposed to illegal payments (or "kickbacks") to LTCF's for the opportunity to provide pharmaceutical services.

4. *Unit Dose Drug Distribution in Long Term Care Facilities:*

The unit dose drug distribution system has been proven to be safest, most controlled and most efficient drug usage system for inpatients. Although the overall costs of a unit dose system may be less than other systems, the cost of each unit of drug is greater and third party payment programs (e.g., Medicaid, etc.) do not reimburse for this additional cost. Adequate reimbursement for unit dose will only be possible if documentation can be presented that the total cost of the entire usage system are less. This has been documented for hospitals, but not for long term care facilities.

This Committee recommends that representatives of the Association and the Divisions of Pharmacy Practice and Pharmacy Administration of the University of North Carolina at Chapel Hill, School of Pharmacy meet to study the feasibility of a project to evaluate the true cost of unit-dose systems in LTCF's. The results of such a study could be utilized in negotiations with third party payment organizations to aid in development of an equitable fee structure for unit dose distribution systems.

Committee Members:	John M. Myhre
Donald K. Chapman	Jean Newton
Paula Crosland Martin	William M. Oakley
Joseph C. Estes	W. H. Randall
Margaret C. Gebhardt	Ronald H. Small
Marian Sue Hudson	Olin H. Welsh
Joseph L. Johnson	Stephen M. Caiola
F. Randolph Jones	Chairman



OFFICERS OF THE N. C. PHARMACEUTICAL ASSOCIATION 1977-78

Standing, left to right: Jack G. Watts, Burlington; Eugene W. Hackney, Lumberton; Herman W. Lynch, Dunn; Joe C. Miller, Boone. Seated, left to right: W. J. Smith, Chapel Hill; Ralph Ashworth, Cary; George M. Willets, Wilmington; and Julian Upchurch, Durham. Photo by Colorcraft



OFFICERS OF THE WOMAN'S AUXILIARY, NCPHA 1977-78

Standing, left to right: Mrs. B. Cade Brooks, Fayetteville; Mrs. Milton Skolaut, Durham; Mrs. Jerome Johnson, Raleigh and Mrs. Shelton Boyd, Mt. Olive. Seated, left to right: Mrs. Milton Whaley, Durham; Mrs. Shelton Brown, Cary; Mrs. A. H. Mebane, III, Greensboro; and Mrs. Don Weathers, Charlotte. Photo by Colorcraft

OFFICERS 1977-1978

NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

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First Vice President	Herman W. Lynch, P. O. Box 617, Dunn 28334
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Third Vice President	Jack G. Watts, 444 Tarleton Ave., Burlington 27215
Secretary-Treasurer & Executive Director	W. J. Smith, P. O. Box 151, Chapel Hill 27514

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Joseph C. Miller, Boone	L. Milton Whaley, Durham
Jack G. Watts, Burlington	Thomas R. Burgiss, Sparta
Ralph Ashworth, Cary	W. H. Wilson, Raleigh
Julian Upchurch, Durham	W. J. Smith, Chapel Hill

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Second Vice President	Mrs. Don Weathers, 2048 Edgewater Dr., Charlotte 28210
Recording Secretary	Mrs. Shelton B. Boyd, Boyd Drugs, Mt. Olive 28365
Corresponding Secretary	Mrs. B. Cade Brooks, 1131 Offshore Drive, Fayetteville 28305
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Advisor	Mrs. M. E. Hedgepeth, P. O. Box 1006, Henderson 27536
Advisor	Mrs. L. M. Whaley, 3705 St. Marks Rd., Durham 27707
Coordinator	Mrs. W. J. Smith, 908 Arrowhead Rd., Chapel Hill 27514

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Assistant Sec-Treas	David F. McGowan, 803 Old Mill Rd., Chapel Hill 27514

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Ray Black, Kernersville	J. R. (Bob) Case, Charlotte
Zack W. Lyon, Durham	

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 D. F. McGowan, Asst. Secy-Treas.

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 Frank Fife
 L. M. McCombs

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 Tom Sanders

3 Years

Frank Fife
 Zack W. Lyon
 Ray McCartan
 Ralph Rogers, Jr.



OFFICERS OF THE TRAVELING MEN'S AUXILIARY, NCPHA, 1977-78

Left to right: Roland Thomas, Charlotte; W. H. Andrews, Winston-Salem; Horace J. Lewis, Raleigh; L. M. McCombs, Creedmoor; and David F. McGowan, Chapel Hill. Photo by Colorcraft.

RESOLUTIONS

1. PRESCRIPTION BLANKS

WHEREAS, the widespread use of hospital type prescription blanks cause considerable difficulty to community pharmacy practitioners by reducing the ability of the pharmacist to contact the prescriber and WHEREAS, this ability to identify and contact the prescriber is essential in good professional patient-pharmacist relationship, therefore

BE IT RESOLVED, that the North Carolina Pharmaceutical Association's policy is that all legal prescriptions bear the printed or stamped name, address, telephone number and DEA number of the prescriber in addition to the legal signature.

2. IDENTIFICATION OF FORGED PRESCRIPTIONS

WHEREAS, identification of legitimate prescriptions versus forgeries is a continual problem,

BE IT RESOLVED, that the North Carolina Pharmaceutical Association policy shall be that all pharmacists require positive identification, such as a driver's license, for all controlled drug prescriptions unless the pharmacist personally knows the patient, and

BE IT FURTHER RESOLVED, that the Association encourages all pharmacists in pharmacies in the State of North Carolina to uniformly use this identification process.

3. LIABILITY INSURANCE COVERAGE

WHEREAS, litigation involving the professional practices of the providers of medical care and health services is increasing, and

WHEREAS, adequate and readily available insurance coverage for pharmacists and their supporting personnel is urgently needed, and

WHEREAS, protection of its members is a proper concern of the Association and the basis for an appropriate active role of the Association, therefore,

BE IT RESOLVED, that a special committee of the Association be appointed to investigate liability insurance coverage for

pharmacists and pharmacy personnel, and BE IT FURTHER RESOLVED, that the proposed committee study the effect of the State's antisubstitution laws on the pharmacist's liability, and

BE IT FURTHER RESOLVED, that the committee investigate support available to the pharmacist from pharmaceutical manufacturers in liability actions, and

BE IT FURTHER RESOLVED, that the committee define and develop an appropriate proposal for the Association's continuing role in serving its members in respect to liability matters.

4. UNIFORM DESIGNATION FOR PHARMACISTS

WHEREAS: The profession of pharmacy should establish and use a uniform designation to identify an individual as a pharmacist, and

WHEREAS: The profession should adopt and use the designation "Pharmacist" following an individual's name as the uniform designation identifying that individual as a pharmacist, and

WHEREAS: The abbreviation "Pharm" should be the proper uniform abbreviation for the designation "Pharmacist;" that abbreviation to be used at each individual's discretion; and

WHEREAS: At the discretion of individual pharmacists, earned academic degrees or state licensure designation may be indicated following the uniform designation; therefore

BE IT RESOLVED: The North Carolina Pharmaceutical Association recommend the use of "Pharmacist" and abbreviation "Pharm" as the uniform designation identifying an individual as a Pharmacist.

5. SUPPORT CULTIVATION OF PAPAVER BRACTEATUM

WHEREAS The North Carolina Pharmaceutical Association has an interest in assuring that there is an adequate, continuous and economical source of drugs considered necessary for health care in the United States;

WHEREAS The United States is wholly dependent upon foreign sources of opium and poppy straw concentrate, the raw

(Continued on Page 34)

RESOLUTIONS

materials for the production of codeine, oxycodone, hydrocodone, nalorphine, naloxone, naltrexone and other thebaine derivatives;

WHEREAS these drugs are highly regarded by the medical and pharmaceutical professions and are an integral part of health care in the United States;

WHEREAS certain thebaine derivatives are the subjects of promising research in the areas of analgesia and drug addiction;

WHEREAS our dependency on foreign sources of supply for the production of these drugs resulted in a serious raw materials shortage in the early part of this decade;

WHEREAS the result of the shortage and our continued dependency on imported raw materials has been a staggering increase in the cost of these materials;

WHEREAS a domestic source of raw materials to supplement imported opium and poppy straw concentrate would alleviate both the supply and price problems we have faced in recent years;

WHEREAS *Papaver bracteatum* could provide a domestic source of codeine and other thebaine derivatives economically and safely;

NOW, THEREFORE, BE IT RESOLVED THAT the North Carolina Pharmaceutical Association does hereby support the domestic cultivation of *Papaver bracteatum* and the proposal by the Drug Enforcement Administration to regulate the cultivation of *bracteatum* for the production of thebaine and its derivatives.

6. APPRECIATION

BE IT RESOLVED: By the North Carolina Pharmaceutical Association in convention assembled on April 26, 1977, in Greens-

boro, North Carolina, that the NCPHA express appreciation and thanks to members of the NCPHA, their families and friends in attendance at the 97th annual meeting, and

to the local committees, the Guilford County Society of Pharmacists and the Greensboro Auxiliary, Justice Drug Company and others for the hospitality extended to everyone in attendance, and

to the convention chairmen, Al Mebane, Bill Andrews and Mrs. David Montgomery and their associates for devotion to duty which has resulted in a most successful convention, and

to the sponsors of the various convention events which are listed in the program distributed to all registrants at this meeting, and

to the members of The Woman's Auxiliary, The Traveling Men's Auxiliary and the Wholesale Drug Firms of North Carolina who contribute so much to the success of the annual meetings, and

to all others who in any way helped to inscribe the 97th Convention in the record books as one of Pharmacy's most informative and helpful 3-day annual sessions.

ADDITIONAL RESOLUTIONS:

A resolution relating to ban of saccharin (see page 26, May 1977 issue of The Carolina Journal of Pharmacy) was approved, and two resolutions, patient package inserts and substitution of prescribed drugs, were tabled for further study.

A resolution opposing polygraph testing of employees was discussed at length. Some chain pharmacy groups require such testing on a mandatory basis, others on an optional basis. It was pointed out such tests are not admissible as court evidence. Final action: To table the motion.

NCPHA Position: Does not endorse polygraph testing; is demeaning to a professional.

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Do you want to make extra money. Write RELIEF, 628 Chateau Apartment, Carrboro, N. C. 27510.

N. C. MUTUAL DRUG REPORTS 20% SALES INCREASE

With more than 250 members and guests present in Chapel Hill on May 18 for the 24th Annual Meeting of North Carolina Mutual Wholesale Drug Company of Durham, Mutual President Banks D. Kerr and Executive Vice President Ralph P. Rogers, Jr. reported:

- Sales last year passed the \$33 million mark, an increase of 20% over the previous year.
- Rebates were approximately \$3.8 million.
- Inventory turned 11 times during the year.
- 114 employees serving 305 customers in 67 counties.
- Installation of computer and new equipment contributes to improved order receiving, order filling and billing procedures.
- Mutual offers a complete retailer services program including Meteor, Mercury and Mars programs.
- Mutual drug advertising now appearing in 36 newspapers and 4 TV stations in North Carolina.

Further expansion of Mutual's computer capability will be subject to vote of the Mutual stockholders. Mr. Rogers in his report devoted special attention to the cost/benefit of various computer systems.

Reamer made Honorary Member of ASHP

The Board of Directors of the American Society of Hospital Pharmacists (ASHP) has voted to extend honorary membership to former ASHP President I. Thomas Reamer.

Reamer, who served as ASHP President from 1950-51, was a charter member of the Society and a key figure in the early years of the organization. He also served as ASHP Secretary for three years from 1943-46.

Reamer graduated from the University of Maryland School of Pharmacy in 1924. In 1925, Reamer joined the staff of The Johns Hopkins Hospital, Baltimore, MD, and worked as chief pharmacist there until 1931.

Reamer was appointed chief pharmacist at the Duke University Hospital, Durham, N. C., in 1931. He served in that capacity for

almost 40 years until his retirement in 1970.

While at Duke, Reamer also served as Instructor in Pharmacy in the University's Medical School. Reamer has been a member of the North Carolina Board of Pharmacy and was active in the North Carolina Pharmaceutical Association.

Reamer received the 1959 Harvey A. K. Whitney Lecture Award, hospital pharmacy's highest honor.

Honorary membership in ASHP is reserved for those individuals who have made outstanding contributions to hospital pharmacy practice or who have shown a special interest in the profession. Less than 0.1 percent of the Society's membership consists of honorary members.

Reamer now resides in Durham.

COMMUNITY PHARMACY

(From page 19)

of dialog between the North Carolina Board of Pharmacy and the legally supervising Physicians as an important step in the solution to the ultimate benefit of all, especially to the patient involved.

One of the most important results of this meeting of the Committee on Community Pharmacy was the realization that although the numbers of so-called independent community pharmacies are gradually declining and the chain and franchise operations seem to be increasing in number, more and more, certain of these chain and franchise units are taking on the role of Community Pharmacy.

And more and more, the problems of the Community Pharmacy are becoming the problems of Pharmacy as a whole. The spector of growing Federal intervention and control should bring all of us to the awareness that only by independents, chains, employee pharmacists and educators joining together in a common cause, can Pharmacy survive as an independent and viable profession.

COMMITTEE ON COMMUNITY PHARMACY

J. Marshall Sasser, Chm., Smithfield
David N. Cox, Clemmons
R. Ragan Harper, Jr., Kings Mountain
W. Evans Jackson, St. Pauls
Andea Mason, Creedmoor
Roy B. Smith, Jr., Newland

COMMUNITY STANDS BY DOCTOR

After nearly 25 years of helping people, tending ailments and delivering babies, a Stanley doctor is getting help in return—in paying his doctor bills.

Dr. Joseph Fesperman, 52 has been in and out of the hospital for the last seven years, and now is back in again. A bone infection has bothered him for years, and last week it forced doctors to amputate his right leg.

The folks he helped in the north Gaston County community of 3,500 now are rallying to help him get over his latest problem, flooding his hospital room with get-well cards and raising money to help with his hospital bills.

His troubles began with a heart infection about six years ago, and the frequent trips to the hospital that followed—first for open heart surgery, then osteomyelitis (bone infection)—have strained the family's funds.

"It's not just trying to relieve financial distress—it'll certainly help—but we just want to show our concern," said George Coble, pharmacist at the Stanley Rexall Drug Store, where many folks are leaving their contributions. "He's been a strong figure in the community."

COLLECTION SERVICE COLLECTS

Since the NCPHA-endorsed I. C. System has been operational in North Carolina, total collections have amounted to \$239,014.87.

The total collected by one pharmacy: \$6568 and a number are in the \$4000/\$5000 range.

In the past, the NCPHA has endorsed various past due/bad debt collection services but the I. C. System appears to be the most effective.

Biggest problem: Getting pharmacy owners/managers to submit past due/bad debt accounts for collection. The system cannot operate without this information.

KINGS BUYS JOHNSTON'S DRUG

Johnston's Drug Store in Littleton has been purchased by Jimmy King and his wife, Sally.

Mr. King is a native of Wallace and a graduate of the UNC School of Pharmacy, Class of 1966. He was associated with People's Drug Store of Williamston prior to assuming ownership and management of Johnston's Drug Store.

Since the death of Tony Johnston in November, 1976, various pharmacists have helped to keep the pharmacy open.

WINSTON-SALEM—About \$700 in drugs was stolen from SuperX Drugs on May 4. A wired-in protected area at the rear of the pharmacy was found locked. But a 3 x 3 foot hole had been cut in the ceiling just about the caged area.

ERWIN—Three young men were observed as they broke into Lanier Drug Company with one being caught by an officer. Cash and drugs were involved in the break-in.

STEVE MOORE ON THE GO

During the summer months, Steve Moore will be associated with the State Health Planning and Development Agency, headquartered in the Albemarle Building, Raleigh.

In mid-May, Steve organized and served as chairman of a National PharmPac meeting in New York. More than twenty states had representatives in attendance.

And as Executive Secretary of NC-PharmPac, Steve keeps in touch with action generated by the 170 members of the N. C. General Assembly.

APhA VOTING DELEGATES

NCPHA voting delegates to the May 1977 annual convention of the American Pharmaceutical Association held in New York City were Stephen Moore of Chapel Hill and William D. Smith of Elizabethtown.

MAIL ORDER DRUGS

Editorial

Daily News, Washington, N. C.

Somehow there seems to be some unusual feeling coming over one when he reads about doctors' prescriptions being filled by mail order drug houses. And when he reads just how much such business is increasing today, we must wonder what might eventually happen to the prescription departments in small drug stores in communities with one, two, or three doctors.

In years past we have seen railroad stations go along with community hotels which served meals. We have seen the community school

buildings fall victim to consolidations. Many rural churches have just closed down.

If a patient getting a doctor's prescription can wait several days for the medicine, then mail order drugs becomes more practical. But we we look at the prescriptions written by doctors, usually the patient needs the medicine now, and the only way to get it is at a local drug store.

Maybe there is a saving by using a mail order drug store. Yet, the saving realized must be weighed against the time elapsed between when the prescription was written and when the patient received the medicine.

We have a lot of misgivings about this thing of mail order prescriptions.



The U. S. Drug Enforcement Administration exhibit, pictured above, was visited by several hundred pharmacists and others while the NCPHA Convention was in progress in Greensboro. Shown on the left is Edward LeFaivre of the North Carolina DEA Office and on the right, Vincent Lozowicki, DEA Baltimore Regional Office. Photo by Colorcraft.

Security against burglary

by Thad L. Weber, Security Consultant, SK&F Laboratories

Sometime late Saturday night or early Sunday morning, burglars threw a large trash can through the Standfast Pharmacy show window, shattering the window completely. Police said the thieves then entered the store and spent hours ransacking the entire prescription area in their search for drugs and money.

Pat Standfast, the store owner, told police he didn't need alarms or a safe since he rented out the apartment above and the occupants "watched" his store at night. Police now looking for the former tenant, William Bailey, are puzzled by his disappearance the night before the burglary!

Now most pharmacies offer a stronger defense against burglary than a tenant-turned-watchman, but the facts are that security measures are inadequate to deter today's drugstore burglar.

In recent years detailed studies of crimes against pharmacies by DEA, NARD, and some individual state pharmaceutical associations revealed that the number of burglaries is increasing by 10 to 20 percent annually. In the average pharmacy of the not-too-distant future, a burglary will occur once every four years and will cost approximately \$2,000 per attack, when money, drugs, cosmetics, cameras, shavers and property damage values are totaled, not to mention the increased cost of crime insurance!

Burglary prevention is not difficult, but it does require a positive attitude, some dollar investment

and a skillful blend of: *physical security*, such as good locks, grill gates and window bars; *alarm devices and systems* which will deter the burglar from his attack or detect his entry or presence and communicate this fact to a police station; and *security procedures* which you maintain and perform to assure that physical security and alarms function together to provide *total security*.

In future columns we will explore specific applications of physical security and alarm devices, as well as the lessons pharmacists can learn from past victims. However, there are many basic measures which you can immediately consider to improve your security at little or no cost.

1. Clear display windows to permit pedestrians, motorists and police patrols a chance to spot the burglar at work. Where feasible, rearrange display racks to permit a "clear view" of prescription area and cash registers.
2. Maintain adequate internal lighting during closed hours. "Spotlight" the critical areas.
3. Consider "attention-getters" such as unusual lighting (high-intensity, flashing, or special colors) which will actually attract more attention from passersby and also "psych out" the burglar.
4. Meet with local police officers to familiarize them with your business hours, special lighting, store layout, points of entry, and to enlist their cooperation in making special and more fre-

quent exterior checks of the premises, particularly of concealed possible points of entry such as alleys, low roofs, and party walls.

5. Establish a formal security checklist for the daily closing procedures to include consideration of:

- a. Checking the lights.
- b. Emptying cash registers—leaving them open.
- c. Securing all locks.
- d. Removing all keys from the premises.
- e. Placing all drugs in required safes or locked cabinets; or,
- f. Effecting proper dispersal.
- g. Securing all cash receipts by placing in a safe or arranging

for a safe-from-robbery bank deposit.

6. Establish and advertise (via signs in display areas) a "reward" program applicable to information leading to the arrest and conviction of anyone committing a crime against the premises.
7. Maintain a rigid policy prohibiting anyone but employees from entering prescription rooms or stock storage areas and require absolute identification of all delivery agents and service personnel, e.g., telephone, air conditioning, alarm company repairmen, etc.

Remember: A positive security posture is security!

This column is provided as a professional service to pharmacists by Smith Kline & French Laboratories.

NEXT MONTH: DETERRING THE BURGLAR



Mrs. J. C. Jackson (center) won the handmade star bedspread which was one of the treasures exhibited in Greensboro by the Woman's Auxiliary. The bedspread was handmade by Mrs. Milton Whaley's mother and valued at more than \$100.00. Mrs. Whaley (left) and Mrs. Bernice Brooks are pictured with Mrs. Jackson. Photo by Colorcraft.

MARRIAGES

Miss Margaret Anne Johnson and *Raymond Thomas Nickens* repeated wedding vows Sunday, April 24th at the Chapel of Wesley Memorial United Methodist Church in High Point.

Mr. Nickens is a graduate of the School of Pharmacy at the University of North Carolina at Chapel Hill and is currently employed as a pharmacist at Leonard Drugs, High Point and Prevo Drugs, Asheboro. The bride received her Secretarial Science degree from Guilford Technical Institute and is currently employed by Drs. Selburne and Brockbill of Greensboro. The couple will make their home in High Point.

Miss Violet Fischer and Luke L. Marion, III were united in marriage on April 16th in the Infant of Prague Church in Jacksonville. Monsignor O'Brien of Jacksonville and the Reverend Paul W. Boone of Whiteville, officiated.

Mrs. Marion is a graduate of the School of Pharmacy at the University of North Carolina at Chapel Hill and was a member of Kappa Epsilon professional sorority. The groom also received his education at the University of North Carolina School of Pharmacy at Chapel Hill. They will reside in Thomasville.

Miss Deborah Sue Lewis and *James Smoot Cranfill* were married Sunday, May 1 in J. A. Lowe Memorial Church in Burlington.

Mr. & Mrs. Cranfill are both graduates of the University of North Carolina School of Pharmacy in Chapel Hill. Mrs. Cranfill was a member of Kappa Epsilon Sorority and Phi Lambda Sigma honorary leadership society. The groom was a member of the Phi Delta Chi fraternity. They will make their home in Fayetteville where the groom is employed by the Professional Drug Company.

BIRTHS

Mr. and Mrs. Gary Whaley announce the birth of a son, Jason Milton, April 27. The mother was a 1975 graduate of the UNC School of Pharmacy; the father is on the coaching staff of the University of Texas. Grandparents are Mr. and Mrs. L. Milton Whaley of Durham. The Gary Whaleys live at 12601 Lamplight Village Avenue, Austin, Texas 78758.

Mr. & Mrs. Randy Jones announce the birth of a new daughter, Kelly Elisabeth, May 14, 1977. Mr. Jones is Director of Pharmacy

at Bladen County Hospital. The Joneses have two other children.

DEATHS

William L. Johnson, retired pharmacist, died April 21.

Mr. Johnson was associated with various pharmacies in Raleigh since the mid-20s. A son, W. L. Johnson, Jr., now operates the Corner Drug Store, Franklinton.

IN MEMORIAM

It is with deep regret we advise you of the death on Friday, April 29, of Mr. W. C. Stanback. Funeral services were conducted Sunday, May 1, in Salisbury.

Mrs. Stanback was active in both civic and educational affairs. At the time of her death, she was Vice-Chairman of the University of North Carolina-Greensboro, Board of Trustees. In 1974 she was honored as "Teacher of the Year" at Catawba College, and in 1962 she was the youngest woman ever named Salisbury's "Woman of the Year."

Mrs. Stanback is survived by her husband, three children—Anne, John and Mark, and her mother.

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**On request, a representative
of the I. C. System will explain
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DETAILED PLANNING For a single department or a complete new store, our design consultant will prepare detailed plans assuring you the most effective arrangement, the best traffic patterns, the most sales stimulating Columbus fixtures, displays and decor.



INSTALLATION He'll then supervise the installation of your new Columbus fixtures, work with all trades involved to see that your new selling environment is complete and workable in every detail ... in the shortest possible time.



FOLLOW THROUGH And he'll help you through the "break-in" stage, seeing to it that your new fixtures serve you and your customers as designed.

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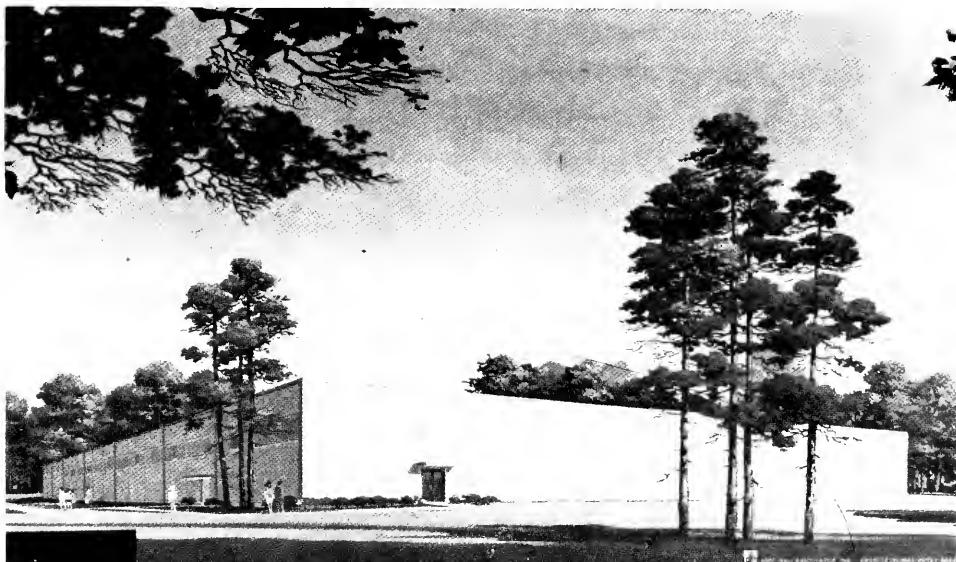
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SCHOOL

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JULY 1977



Mrs. H. H. Allen of Cherryville is shown with her son, Harry, UNC School of Pharmacy, Class of 1943.

The N. C. Pharmaceutical Association, as a part of its opening session of the 1977 annual convention in Greensboro, saluted the Woman's Auxiliary of the NCPHA on the occasion of its 50th annual meeting.

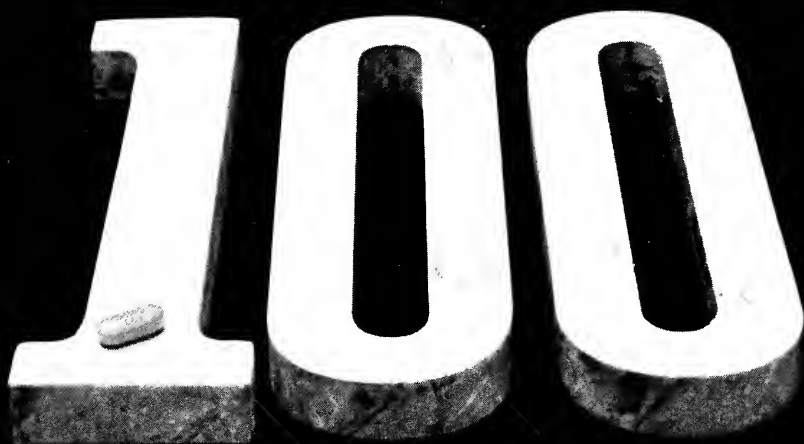
Of the 61 charter members of the Auxiliary, Mrs. Allen had the distinction of being the sole representative of the group present in Greensboro. Photo by Colorcraft Corporation.

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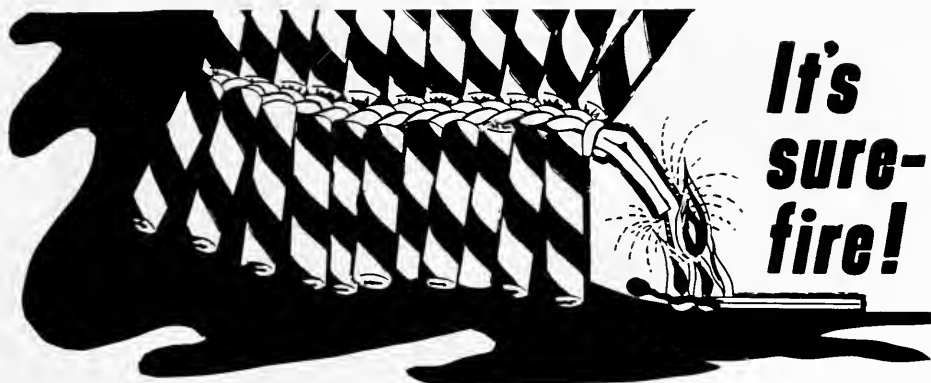
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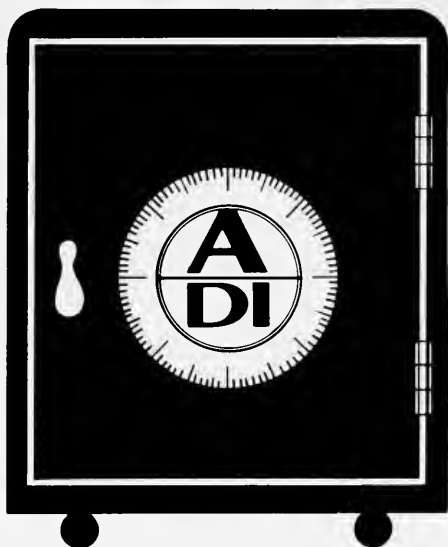
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JULY 1977

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NUMBER 7

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NATIONAL PHARMPAC MEETING HELD IN NEW YORK

In what will hopefully pave the way for closer communication and eventual national action, representatives of pharmacy political action committees from eight states met prior to the APhA Convention in New York to discuss mutual successes and mutual problems. In the meeting, which was organized and sponsored by N. C. PharmPAC, representatives from Illinois, Minnesota, Florida, Nevada, Virginia, Texas, Tennessee, as well as North Carolina met for two hours to discuss common concern. As a result of the meeting, a basis for mutual sharing of information and news was established, along with a cooperative effort to share information with other existing or planned political action groups in other states. Representatives of political action groups in other states can become a part of this effort by writing N. C. PharmPAC, PO Box 1313, Chapel Hill, NC 27514. A follow-up meeting is planned prior to the APhA Convention next May with a hopefully enlarged group in a greater capacity toward national political action on the behalf of pharmacy, as well as greater cooperation between states in local concerns.

N. C. PHARMACY POLITICAL ACTION COMMITTEE NEW BOARD OF DIRECTORS ELECTED BY MEMBERSHIP

First District: W. P. O'Neal, Sr., Belhaven
Second District: Evelyn Lloyd, Hillsborough
Third District: Jimmy Creech, Smithfield
Fourth District: Joseph Edwards, Raleigh
Fifth District: Tom Burgiss, Sparta
Sixth District: Joe Barbour, Jr., Burlington
Seventh District: Bill Thames, Hope Mills
Eighth District: W. M. Pucket, Robbins
Ninth District: James Grantham, Charlotte
Tenth District: Fred Moss, Sr., Gastonia
Eleventh District: William Powell, Mars Hill

ECKERD OFFICERS RETIRING

Edward M. O'Herron and three principal stockholders of Eckerd Drugs prior to its merger with Jack Eckerd Corporation have announced plans to retire.

In addition to O'Herron, others who will retire are David H. Rankin, president of Eckerd

until its merger; John T. Sullivan, former vice chairman; and E. G. Green, former senior vice president.

HOSPITAL PHARMACY RESIDENTS MEET

A meeting of hospital pharmacy residents, sponsored by the N. C. Society of Hospital Pharmacists, was held at Burroughs Wellcome, Research Triangle Park, on June 24th.

Papers presented at the meeting included: *"Development of a Total Parenteral Nutrition Team in a Community Teaching Hospital"*

Jackie Roh, Moses Cone Hospital, Greensboro

"Impact of a Daily Drug Calendar on Improving Medication Compliance"

Martha Gabriel, N. C. Memorial Hospital, Chapel Hill.

"Stability of Prepackaged Gentamicin Syringes"

Hedy Rosen, Duke University Medical Center, Durham

"The Effect of Continuing Education on the Provision of Drug Information by Multiple Pharmacists in a Community Hospital"

Pam Joyner, University of North Carolina, Chapel Hill

"A Review of Antibiotic Utilization Patterns in a North Carolina Community Teaching Hospital"

Charles Knisley, Moses Cone Hospital, Greensboro

"Adverse Drug Reactions from Combination Tobramycin and Cephalothin Therapy"

Bill Pickard, Duke University Medical Center, Durham

"Evaluation of the Hospital Pharmacist as a Physician Drug Information Source"

Stephen Shearer, N. C. Memorial Hospital, Chapel Hill

FEE INCREASED TO \$2.50

An Administrative agent for the prescription program, Bankers Life Company, the NCPHA has been notified by Pharmaceutical Card System that effective May 19, 1977, the dispensing fee is \$2.50.

For claims that are in transit, the computer will automatically adjust claims to reflect the new fee.

FREDDY RABON NOW ASSOCIATED WITH MARION PHARMACY

Freddy J. Rabon, a 1974 graduate of the UNC School of Pharmacy, is now associated with the Marion Pharmacy, Marion.

Pharmacist Rabon will be actively involved in the ownership and management of Marion Pharmacy along with W. W. (Bill) Howle, president and treasurer of the pharmacy.

A subsidiary operation of the pharmacy, under same ownership, is the Old Fort Drug Store, Old Fort.

In recent years, Mr. Rabon has been associated with a pharmacy in Virginia.

HYPERTENSION SCREENING CLINIC INVOLVES 370 PERSONS

Both drug stores in Pink Hill conducted hypertension clinics in May: R. L. Hood at the R. L. Hood Pharmacy and Charles Watson of Brewer Drug Company.

The Pink Hill Review ran a feature story on the clinic including picture coverage.

The 2-day clinic was attended by 370 persons with ages varying from 5 years to over 80 years. A significant number of persons were referred to their physicians for further evaluation.

Members of the Pink Hill Rescue Squad assisted with the clinics.

UNITED STATES DEPARTMENT OF JUSTICE Federal Bureau of Investigation Charlotte, N. C.

Dear Mr. Smith:

This office very much appreciates the effort expended by you and your staff in addressing some 2000 envelopes to all the pharmacists in North Carolina in connection with a case involving badly wanted fugitives.

You may be sure your public service efforts have been noted.

Edgar N. Best

M.S. DEGREE AWARDED

Mrs. Pamela Upchurch Joyner received a Master of Science Degree in Hospital Pharmacy from the University of N. C. at Chapel Hill in graduation ceremonies in Chapel Hill on May 15. Mrs. Joyner is employed as Pharmacy Coordinator with the Wake Area Health Education Center in Raleigh. As Pharmacy Coordinator, she is responsible for planning continuing education programs and pharmacy student rotations for a seven county region. She has an adjunct faculty appointment to UNC School of Pharmacy.

Mrs. Joyner is the daughter of Mr. and Mrs. William B. Upchurch of Morrisville and a 1969 graduate of Apex High School.

MORE PROMPT PAYMENT?

HR 3 under consideration at the federal level by the House Committee on Ways and Means includes this feature designed to expedite the payment of Medicare and Medicaid claims submitted by non-institutional providers:

90% of claims to be paid within 30 days and 99% of claims to be paid within 60 days.

Also, Section 4 of HR 3 would change fraudulent acts from misdemeanors to felonies. Kickbacks, bribes and rebates are classified as illegal. Penalty: Maximum of \$25,000 fine and up to 5 years imprisonment.

MILLER HEADS FUND DRIVE

Pharmacist Joe Miller of Boone is heading a drive to buy the 54-year-old Daniel Boone Hotel and convert it into an Appalachian Cultural Exchange Center.

Initially, more than 1000 people have purchased memberships at \$10 and upward. \$250,000 is the hotel's purchase price.



SPEED

ORDER SYSTEM

"Smith Portable Electronic Entry Device" is the key to a computerized ordering system that offers profitability by: increasing cash flow, improving in-stock position, eliminating stockroom inventory, up-to-date price control and maintenance, increasing employee productivity, reducing order writing and call in time up to 70%, error free, and receiving better discounts on speed orders. The discount you earn is on each invoice. There is no rebate to be audited monthly.



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PHARMACY



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COLUMBIA 256-7555

PHARMACIST ASSISTS IN ARREST OF TWO PASSERS OF FORGED PRESCRIPTIONS

Dear Mr. Smith,

I am writing you as Secretary of the State Pharmaceutical Association and as Editor of the Carolina Journal of Pharmacy to seek assistance in dealing with the problem of forged prescriptions. I hope you will share the contents of this letter with the Convention registrants in Greensboro and with your readers. We need state and possibly federal assistance now in dealing with this problem. In particular, we need assistance from all hospitals, clinics, university teaching centers, and doctor's offices in *not* leaving prescription pads around so carelessly.

This past Saturday afternoon about 4:30 p.m. a young male presented a prescription from Dr. John A. Byrd written on a DePaul Hospital blank from Norfolk, Virginia. The prescription called for 60 Talwin Tablets 50 mg. and had a SIG of *i tab q 4 hr etc.* The DEA number for the doctor was written in as AM and the 7 digit number followed. It specified "No Refill."

The prescription struck me funny. The seven digit DEA number fit the formula for such numbers. But why "AM" when the doctor's last name began with a "B"? I remembered that we had a family in Edenton who saw Dr. John Byrd in Norfolk, so we pulled the Family Profile Card, looked up the prescriptions, and compared DEA numbers. They were different, as were the handwritings. My father telephoned the local police. The customer told Vernon, one of the clerks, that he would get a coke while we fixed his prescription. I telephone a competitor to see if he had filled a prescription identical to this one and he had just finished doing so. Vernon then informed me that the customer had walked out the front door (without ordering a coke). Vernon trailed him and soon returned with the Virginia license plate. I headed out the back door of the pharmacy and luckily saw the customer and his cohort leaving the back parking lot in a two-tone Plymouth with Virginia plates.

The police had not yet arrived. I followed the Virginia car about five miles out of town, stopped at a restaurant to phone the Edenton Police and to tell them the two men were headed north on US 17 toward Hertford. By

the time I reached Hertford I could not find them. But a police car was waiting on the by-pass for someone.

I crossed the by-pass bridge and re-entered Hertford. I stopped to see Charles Woodard at his pharmacy. I told him of everything that had happened and why I was convinced the prescription was a forgery.

When I returned to our pharmacy, my father told me that Charles Woodard had called. Five minutes after I had left his store, the two men had entered his pharmacy, given him the same Talwin prescription and had been arrested by the Hertford police department. They were armed and had a whole pad of DePaul Hospital prescription blanks and a telephone directory with all the pharmacies in the area marked.

At this point I do not know what will be the judicial outcome of this matter. But I do know that I am tired of getting forged Preludin prescriptions out of Duke Hospital, of seeing forged Ritalin prescriptions locally, and of getting inter-state traffic in forgeries. And, I suspect our pharmacy is not the only one with this problem.

Mr. Smith, I hope you will give us every assistance in this matter and encourage those in authority statewide to assist pharmacy with whatever legislative, judicial and police remedies seem most appropriate.

Thank you for your time and interest.

Sincerely,

John A. Mitchener, III
Mitchener's Pharmacy
Edenton, NC

FORGED RXS ON RISE

Forged prescriptions continue on the rise in North Carolina.

When a prescription is suspect, pharmacists react differently. The example here cited is unusual and as noted, productive.

In some instances, pharmacists have established a hotline system to quickly disseminate information concerning suspected forged prescriptions.

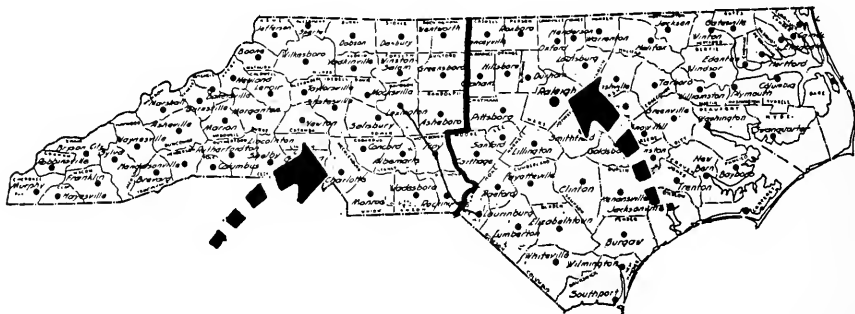
The going rate for stolen Rx blanks is \$1.00 or \$50.00 per pad. A legislative effort to do something about the problem during the 1977 session of The General Assembly failed.

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NEW PHARMACIES

1. Big Value Discount Drug Center, Richlands. Ralph B. Hunter, pharmacist manager.
2. Colonial Pharmacy, Inc., 704 East Main Street, Murfreesboro. Joseph G. Minton, pharmacist manager.
3. Eckerd Drugs, Berkeley Mall, 621-A Berkeley Blvd., Goldsboro. Johnnie A. Hicks, pharmacist manager.
4. Revco Discount Drug Center, 907 Randolph Street, Thomasville. Neill E. Wilson, pharmacist manager.
5. Crown Drugs, Inc., Hanes Mall, Winston-Salem. Aubrey C. Dollar, pharmacist manager.
6. Kmart Pharmacy, Coliseum Shopping Center, 3700 N. Independence Blvd., Charlotte. Thomas H. Lever, III, pharmacist manager.
7. Kmart Pharmacy, 6025 Pineville Road, Charlotte. William L. Thompson, pharmacist manager.

CHANGE IN OWNERSHIP

1. Bailey Pharmacy, Bailey. Richard H. Rains, pharmacist manager.
2. Chane Discount Drug Centers, 215 Merrimon Avenue, Asheville. Henry K. Garmany, Jr., pharmacist manager. Formerly Merrimon Avenue Pharmacy.
3. Red Cross Pharmacy, Midtown Plaza, North Wilkesboro. Timothy E. Davis, Sr., pharmacist manager.
4. Spoons Pharmacy, 5729 Newell-Hickory Grove Road, Charlotte. Allen H. Fish, pharmacist manager.
5. Sutton's Drug Store, Inc., 159 East Franklin Street, Chapel Hill. John Woodard, Jr., pharmacist manager.

INSTITUTIONAL

1. Greensboro Hospital, 1501 Pembroke Road, Greensboro. John E. Nance, pharmacist manager.
2. North Carolina Orthopedic Hospital LSP, 901 South Hope Road, Gastonia. William G. Forrest, pharmacist manager.

RECIPROCITY

1. Quay Harrison Beck, Jr. from South Carolina
2. Archie Ted Cannady from Virginia
3. Deborah Shaw Wallower from Kansas

SUTTON'S UNDER NEW OWNERSHIP/MANAGEMENT

Sutton's Drug Store, a pharmacy landmark in Chapel Hill for more than fifty years, is now under new ownership and management.

John Woodard, a 1968 graduate of the UNC School of Pharmacy, is the new owner. He worked as a pharmacist for seven years in Henderson and one year in Burlington.

His father, John Woodard Sr., prior to retirement, was a medical service representative. An uncle, Barney Paul Woodard of Princeton, is a member of the N. C. General Assembly.

LEGISLATIVE REPORT

Since the 1977 session of the North Carolina General Assembly is not expected to adjourn until late June or early July, a pharmacy legislative bulletin will be issued in July.

DON HILL APPOINTED PRESIDENT OF DIXX MART, INC.

J. Don Hill has been named president of Dixx Mart, Inc., a wholly-owned subsidiary of Big V Supermarkets, Inc., Florida, New York, which operates twenty-two (22) ShopRite Supermarkets and eight (8) Dixx Drug stores in the Mid-Hudson Valley of New York State. Mr. Hill, as president of Dixx Drugs, will be responsible for all phases of the management and operation of the eight Dixx outlets and four in-store pharmacies in the Big V Supermarkets.

Mr. Hill comes to the position of president of Dixx Mart, Inc. after serving in the capacity of district manager of Eckerd Drugs, North Carolina. He graduated Rho Chi, National Pharmaceutical Honorary Society, from the University of North Carolina School of Pharmacy, has done special studies at Queens College, Charlotte, North Carolina, and holds B.D. and Th.M. degrees from Southeastern Baptist Seminary, Wake Forest, North Carolina, and is a registered pharmacist. Before joining Eckerd Drugs, Mr. Hill had been associated with two other drug chains, and comes to Dixx Drugs with 11½ years of pharmaceutical, supervisory, and administrative experience with the Eckerd chain.

Mr. Hill, his wife Bestelle, and their three sons are planning to relocate in the Orange County area of New York State.



Don Hill



David R. Davis

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**On request, a representative
of the I. C. System will explain
the collection program in detail.**

**Call or write the NCPHA, Box 151,
Chapel Hill, North Carolina 27514**



*You are most cordially invited
to the*

MORTAR-AND-PESTLE AWARD DINNER

honoring

David Ramsey Davis

1977 PHARMACIST-OF-THE-YEAR

Friday evening
July 22, 1977
Seven o'clock
Informal

Town and Country Restaurant
Highway 17 South
Williamston, North Carolina

Mr. Davis was chosen by the North Carolina Pharmaceutical Association for this high honor, with the announcement being made at the opening session of the 97th Annual Convention of the NCPHA.

Mr. Davis' contributions to all facets of Pharmacy will be recognized during the program following the dinner.

The Mortar-and-Pestle Plaque which he will receive, is the most coveted of N. C. Pharmaceutical Association Awards.

PROGRAM

NCPHA President Eugene W. Hackney will preside at the meeting; Tom Burgiss, immediate past-president, will make the Award presentation. President of the Northeastern Carolina Pharmaceutical Association, Joe Minton, will bring the Invocation; Mayor of the City of Williamston, The Honorable Robert H. Cowen, will bring greetings; and tributes to Mr. Davis will be made by Dr. L. S. Christian, The Reverend James Horton and W. J. Smith.

SOCIAL HOUR

Prior to the dinner Mr. and Mrs. Davis will be hosts for a social hour at the Town and Country Restaurant (6:30 p.m.)

RESERVATION FORM

By calling the NCPHA Office, Chapel Hill (919) 967-2237. Dinner tickets are \$7.50 per person. Where desired and on request, overnite room reservation will be made at a nearby motel.

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BOSS OF THE YEAR

By Employee Joyce Belch

My boss deserves Boss of the Year for many reasons. First of all, he has made me realize my importance as an individual. He has made me feel like I am an essential part of his business.

By allowing me to work in his establishment I feel I have helped his business in some small way and he has helped me to enhance my personality as well as my social attitudes, etiquette, and work experience.

My boss supports me in all worthwhile endeavors and he gives praise when it is needed and criticism when it is needed.

Whenever I have a problem he can always find the time to talk it over with me and sometimes he will just listen which is also helpful.

My experiences in my place of employment have been some of the most rewarding in my life. As an employee, I have met a lot of interesting people and made a lot of friends.

My boss has played one of the most important parts in my life. He has helped me to stand on my own two feet. I can never repay all the help he has given me. Especially the friendship and concern he has shown me. I have truly benefited from this man tremendously.

For these reasons John Mitchener Jr. deserves the award for Boss of the Year.



Pharmacist John A. Mitchener, Jr. of Edenton, named "Boss of the Year" by the Holmes Chapter of Distributive Education Clubs of America, is shown with Joyce Belch who nominated Mr. Mitchener for the award.

REPORT

COMMITTEE ON PUBLIC & PROFESSIONAL RELATIONS

Robert P. Lafferty, *Chairman*

The NCPHA Committee on Public and Professional Relations met on Sunday, February 6, 1977 with Chairman Bob Lafferty presiding. Members present were Evelyn Lloyd, Frank Measamer, Joe Minton and consultant Eugene Hackney. Special guest was Dr. Jean P. Gagnon, Associate Professor of the UNC School of Pharmacy who gave a report on the North Carolina Prescription Consumer Survey he conducted this fall. The survey was funded by a grant from Eli Lilly & Company. Committee membership represented a cross section of practicing pharmacists from community, hospital, nursing home and academic areas. The committee's observations and recommendations follow.

The committee felt that television advertising of over-the-counter products has become misleading and, in many cases, degrading to the intelligence of the layman as well as medical practitioner. Attempts by the public at self treatment and abuse of over-the-counter products have become rampant. The pharmacist holds the key position to monitor such abuses and clarify the confusion precipitated by such advertising. Television advertising of OTC drug products should be banned or restrained in such a manner that a professional review board examine the accuracy and validity of statements being telecast. Attorney General Rufus Edmisten of North Carolina has advocated the banning of non-prescription drug advertising before 9:00 p.m. Distribution of over-the-counter products should

be limited to pharmaceutical channels where this important drug monitoring function can occur. The pharmacist can only help the patient's well being if he knows what he or she is taking.

The committee discussed a recently published book, *The People's Pharmacy* by Mr. Joe Graedon of Duke University. Mr. Graedon is a strong advocate of patient communication, particularly with respect to drug interactions and patient compliance. The committee felt that in the majority of cases, such drug information is being conveyed by North Carolina pharmacists. Patient information should be discreetly offered. Don't fly off with info. The more subtle approach, "What did your doctor tell you about this drug?" may avoid insults toward both patient and physician. When lack of physician communication is evident, a simple "Let me suggest" dosage clarification would be in order.

In some cases, the use of auxiliary drug label or stickers may offend or confuse the patient. "Do not drink alcohol while taking this medication" may be most offending to the non-drinker, yet a personal clarification of such a label by the pharmacist when dispensing Flagyl® should cause little offense to any patron.

Pharmacists are busy professionals and patrons always seem to be in a hurry, but the committee felt that patient compliance through communication may be the single most important aspect of pharmacy practice. No doubt, the pharmacist who makes himself available for his patients questions will be a truly successful and respected practitioner.

The committee thought that fifteen minutes should be a rational figure to quote a patient as to the average waiting time to re-

"Service in Wholesale Quantities"



ceive a prescription. The suggestion was also made that even though a pharmacy could not remain open all night, the availability of emergency service would bring peace-of-mind to both patient and physician. Emergency phone numbers should be posted or publicized. An inexpensive home telephone recorder might be utilized by the concerned pharmacist. Of course, oral contraceptives, OTC's, laxatives and the like should be excluded from any emergency service.

Special guest Dr. Jean Gagnon commented on his North Carolina Prescription Consumer Study. He reported that the questionnaires had been favorable to pharmacists in the state. Dr. Gagnon said the 83% of the customers thought that services by pharmacists were good or excellent, 79% of the people had been coming to a particular pharmacy for two or more years, and that 40% of the consumers pick up drugs for another person or family member. An ironical result of the survey was the patrons outranking the availability of chairs in the prescription waiting area as opposed to concern with prescription price. The promotion of services appears to be a key factor in the successful pharmacy. Dr. Gagnon will discuss the results of his survey at the 1977 NCPHA convention in Greensboro in April. The information from his survey will be of great benefit to the pharmacists of North Carolina.

The committee agreed that the availability of prescription prices would be far more important to public relations than posting 25 or 30 frequently used drug products. The use of loss leaders in prescription pricing or advertising stresses product and can only undermine the pharmacist's professional capability as the knowledgeable drug authority. Reluc-

tance to divulge prescription price information is a mistake. Don't allow your patrons to suffer through the "fix-the-car" syndrome.

Discretion can be important when offering price information. One committee member received the following customer reply when forewarning her of expensive medication cost: "I don't care, don't you think I have enough money?" At the same time, the less fortunate individual may wish to discuss the possibility of a time payment plan.

Patient prescription interpretation becomes the major obstacle when pricing by telephone. The accuracy of such practice should be determined by the individual pharmacist. The explanation by a pharmacist of *how* a prescription price was determined may offer more patient satisfaction than any other comment.

The committee was opposed to selective discounts if this meant raising the price and then offering a discount. It was agreed that selected discounts may be discriminatory; however, since they are here to stay, honesty should rule in the public advertising of discounts.

Although product substitution is illegal in North Carolina, where bioavailability studies are available relative to price, the pharmacist may make product suggestions to physicians resulting in a financial savings to patients. The evolution of MAC/EAC and other third party programs may eventually place price/product activity selection directly upon the pharmacist. The use of inferior drug products under any circumstances is discouraged.

Concluded on page 17

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Fairview, New Jersey 07022

Report: committee on public health-welfare

Looking once again to the future, the patient package insert (PPI) would receive committee approval if written on a layman's level and in a manner as to not alarm the patient. The PPI may open a new avenue of communication for many pharmacists.

A recent North Carolina Board of Pharmacy *News Bulletin* has helped clarify legal prescribing standards for the registered nurse practitioner and physician's assistant. It was suggested by the committee that when such individuals begin practice in a particular location, the pharmacist should encourage distribution of a letter of introduction. Such a letter to pharmacists or other medical practitioners should include:

- 1) registry number
- 2) sponsor or supervising physician
- 3) qualifications
- 4) area of practice
- 5) copy of formulary

The committee recommended that the house staff of each hospital in the State of North Carolina require each doctor to sign their names, give DEA numbers, and rubber stamp their names on each prescription.

In conclusion, the committee is pleased with the status of pharmacy in North Carolina. New challenges have arisen. These new challenges are being met. For that pharmacist that has not done so, we recommend that he become more patient oriented. Let's get out from behind the counter and show skill in communication. The majority of our patients and patrons will appreciate it. Our appreciation to W. J. Smith for making our state organization what it is today and our thanks to you, the pharmacists of our state, for a job well done.

Bob Lafferty (Chairman)
Chapel Hill, NC

With help from:

Evelyn Lloyd (Recorder)
Hillsborough, NC

The following articles were distributed to the committee and may be of interest to NCPHA membership:

Leonard Berlow, "The Pharmacist and Television Advertising," *Journal of the American Pharmaceutical Association*,

Vol. NS16, No. 9, September, 1976.

Thelma L. Fair, "8 Tips that Help to Promote Good Relations with New Customers," *Pharmacy Times*, November 1976, pp. 75-76.

Alexander M. Schmidt, MD, "Patient Has the Right to Know About the Drugs He is Taking," *American Druggist*, January 1977, pp. 28.

G. Slywka, M. R. Ryan, A. P. Melikian, M. C. Meyer, H. E. Bates, Jr., and P. L. Whyatt, "Relationship of Price to Bioavailability for Four Multipl-Cource Drug Products," *Journal of the American Pharmaceutical Association*, Vol. NS17, No 1, January, 1977, pp. 30-32.

"How RPh's Handle Complaints Re: Rx Prices," *American Druggist*, February 1977, pp. 31-32.

"You Pharmacists Are Ripping Off the Public," *American Druggist*, December 1976, pp. 54-57.

COMMITTEE ON PUBLIC & PROFESSIONAL RELATIONS

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This agreement by **Geigy** Pharmaceuticals to indemnify and hold harmless, as set forth above, is expressly conditioned upon the pharmacist, or his employer, im-



and every pharmacist who dispenses it.

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This agreement is not applicable if **Geigy** Pharmaceuticals determines that there is evidence of any improper or negligent statement or act, or omission to act, by the pharmacist, or his employer, or if **Geigy** Pharmaceuticals determines that there is evidence that the product has not been properly stored or properly dispensed.

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Meeting Gives Standing
Ovation as Executive
Pictures Peace Gain

ON FRANKLIN D. ROOSEVELT

Social Security Bill Is Signed; Gives Pensions to Aged, Jobless

Roosevelt Approves Message Intended to Benefit 30,000,
Persons When States Adopt Cooperating Laws--He Calls
the Measure 'Cornerstone' of His Economic Program.

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution
is Sent to House, Where
Passage is Expected

WASHINGTON, March 10,
1971--The Senate approved
today 64 to 0, and sent

WASHINGTON, Aug. 14, 1935--
The Social Security Bill, providing
a broad program of unemployment
insurance and old age pensions
and counted upon to benefit
20,000,000 persons, became law
today when it was signed by Presi-
dent Roosevelt in the presence of
those chiefly responsible for bring-
ing it through Congress.

Mr. Roosevelt called the bill
"the cornerstone of my economic
policy," and said it was "being
meets complete fulfillment."

SIGNED the Draft Ends Now

"If we fail to use it," he declared to
the solemn final meeting of the
delegates, "we shall betray all of
those who have died in order that
we might meet here in freedom and
safety to create it."

"If we seek to use it selfishly--for
the advantage of any one nation or
any small group of nations--we
shall be equally guilty of that be-
trayal."

Fervent Interpolation

The President, speaking in the
auditorium of the War Memorial
Opera House, built in memory of
sons of the Golden Gate city who
gave their lives in the first World
War, in which he himself served,
seemed to give unconscious expres-
sion to the solemn feeling of the
occasion when, at the outset of his
speech, he interpolated the words,
"half a hope, half a prayer."

"Oh, what a great day this can
be in history!"

Just before the plenary session
the President accompanied the
eight United States delegates to

WASHINGTON, Jan. 27,
1973--"With the signing of
the peace agreement in
Paris today, and after re-
ceiving a report from the
Secretary of the Army that
he foresees no need for



PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

PMA

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PHARMACEUTICAL GOLFERS—THE BEST IN THE STATE

(If you don't agree, participate in the 1978 tournament
scheduled in Asheville at the Great Smokies Hilton—details later)

Len Phillips, Jr. (Owens-Illinois) reports
the winners of the Pharmaceutical Conven-
tion Golf Tournament in Greensboro in April:

1: TMA

Best (Low Net)—Claude Griffin—69

Worst (High Net)—John Black—80

2: NCPHA

Best (Low Net)—Teamie West—70

Worst (High Net)—Julian Upchurch
—79

3. Women

Best (Low Net)—Mrs. Betty Smith—73

Worst (High Net)—Mrs. Howard
Edwards—76

Low Gross:**1: TMA**

Steve Forrest—83

2: NCPHA

Larry Thomas—75

3: WOMEN

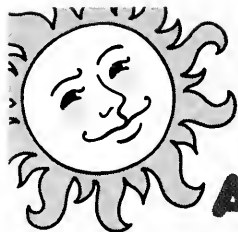
Mrs. Howard Edwards—113

Closest To The Hole—Larry Thomas

Longest Drive—Tom Taylor



TOPS IN GOLF—For the best that North Carolina Pharmacy has in the way of superior golfers, see group picture above plus associated news story. The matchless planning of Len Phillips (center back row) results in from 75 to 100 participating in the Pharmaceutical Golf Tournament each year.—Photo by Colorcraft.



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HARNETT COUNTY PHARMACISTS MEET

Reported by Edith Ann Caviness

A Memorial Day event for a dozen Harnett County pharmacists was an Antibiotic Therapy Test at Howard Johnson's Restaurant in Dunn.

Clara Mincey, Roche MSR, was on hand with her TV monitor to present the interesting and informative program.

The new officers are J. I. Thomas of Dunn, president; Herman Medlin of Dunn, vice-president; and Edith Ann Caviness of Lillington, secretary-treasurer. I. J. Pruett of Angier is the program chairman.

In attendance at the meeting: Bill Randall, Flemming Lovette, Neil McPhail and Edith Ann Caviness of Lillington; Herman and Ernestine Lynch, Byron Johnson, Caul Jer-nigan, Ken Allen, Larry and J. I. Thomas and Frank Purdie of Dunn.

Next meeting: July 25.

SURRY COUNTY

Reported by David Patterson

The Surry County Pharmaceutical Association held its annual meeting at the Elk's Lodge on May 22, for installation of new officers for the 1977-78 year.

Paul Gravitt, a native of Pilot Mountain and owner of AAA Drugs on Main Street, was installed as President.

Barry V. Gates, a native of Mount Airy and staff pharmacist at Eckerd's Inc. of Mount Airy, was installed as Vice-President.

Charles L. Glace, a native of Elkin and owner of Dobson Drug Company, was installed as Secretary-Treasurer.

Past President David Patterson of Hospital Pharmacy congratulated the new officers on their election.

Door prizes were given away to the ladies after a banquet that was enjoyed by all.

GREENSBORO

Reported by Mrs. E. S. Setzer, Jr.

Mrs. C. C. Graham, Mrs. Evan Setzer, Jr., and Mrs. D. C. Dowdy were hostesses for the May luncheon meeting of the Greensboro

Pharmaceutical Auxiliary, held in the Club Room of the Chase Restaurant.

Nostalgia was the order of the day with spring bouquets decorating luncheon tables. Containers included brass candle sticks, pewter pitchers, and crystal bud vases.

The business session included the installation of officers as follows: President, Mrs. Roger C. Barricks; Vice-President, Mrs. Joe L. Johnson, Jr.; Recording Secretary, Mrs. J. G. Blanchard; Corresponding Secretary, Mrs. Evan Setzer, Jr.; Treasurer, Mrs. D. C. Bracker; Chaplain, Mrs. W. P. Rose; Historian, Mrs. M. M. Edmonds.

The door prize, a handmade luncheon and napkin holder set, was won by Mrs. Fran Hart.



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Fowler, Michigan



Al Rosica, R Ph
Community Pharmacist
Cherry Hill, New Jersey



Don F. Gould, R Ph, Chairman
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Mt. Pleasant, Michigan



Bill H. Hotelling III, R Ph. Director
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Community Pharmacist
Gladewater, Texas



Tom C. Sharp, Jr., R Ph
Exec. Sec., Tennessee Pharm. Assoc.
Nashville, Tennessee



Lawrence C. Weaver, Ph.D., Dean
College of Pharm., Univ. of Minnesota
Minneapolis, Minnesota

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THE UPJOHN COMPANY POLICY ON PRODUCT LIABILITY

The Upjohn Company agrees to assume the defense for any pharmacy or pharmacist who properly and without negligence dispenses any Upjohn drug pursuant to a prescription if a suit for damages is brought against either in which it is alleged that:

1. The Upjohn drug caused injury or damage to the person to whom the drug was administered, and
2. The pharmacy or pharmacist was responsible or liable for such injury or damages by reason of having filled the prescription.

This guarantee is governed by the following terms:

1. The pharmacy or pharmacist giving prompt notice of such claim or suit to Upjohn.
2. Adequate records are available to determine that an Upjohn product was dispensed.
3. Upjohn shall have the exclusive right to handle the lawsuit, including right of settlement.
4. This policy is in effect for and covers only those products listed in The Upjohn Company's current catalog. Edition No. 70 dated October 15, 1973.

THE A. H. ROBINS POLICY ON PRODUCT LIABILITY

A. H. Robins will assume the defense of and will satisfy any judgment which might result against the pharmacy and pharmacist in connection with lawsuits arising out of the dispensing of a Robins pharmaceutical product, if the following conditions are met:

- The pharmacy and/or pharmacist promptly notifies Robins of the lawsuit and cooperates fully with Robins in the defense of the suit;
- The pharmacy and/or pharmacist have maintained adequate records to determine the product dispensed and the manufacturer of that product and makes those records available to Robins;
- The product has been dispensed in accordance with all applicable laws and regulations and there is no evidence of

any improper or negligent act or statement on the part of the pharmacy and/or pharmacist.

Any express warranty made by the pharmacy and/or pharmacist without Robins authorization or any physical or chemical change in the product made by the pharmacy and/or pharmacist will generally be considered sufficient to cause Robins to decline to assume the defense of the pharmacy and/or pharmacist and to deny liability.

The Robins' policy is equally applicable to instances in which a Robins product has been prescribed by brand name and has been dispensed, a product has been prescribed by generic name and a Robins product with the same generic name has been dispensed, or a brand name product of another company has been prescribed and an equivalent Robins product has been dispensed.

When another manufacturer's product has been dispensed in filling a prescription for a Robins product, Robins naturally cannot and will not assume the defense of the pharmacy or pharmacist even though substitution is permitted under the applicable state law.

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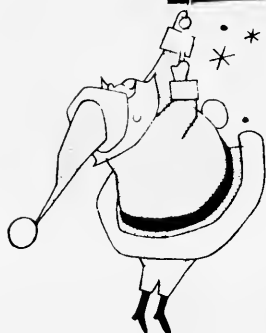
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UNC PHARMACY SCHOOL

ECKEL MAKES PHARMACY PRESENTATIONS

Fred M. Eckel, Head, Division of Pharmacy Practice, UNC School of Pharmacy presented several papers at a number of meetings devoted to pharmacy practice. On May 31, professor Eckel presented the "Lilly Lecture" to the Canadian Society of Hospital Pharmacists. His topic was "I Have a Dream . . . About Pharmacy." On June 2 he presented "The Fulfillment of Duty" to the New England Council of Hospital Pharmacists at Newport, Rhode Island. Then on June 3, Eckel's paper "Influencing Physician Prescribing Habits Through Drug Utilization Review Programs" was presented to the Drug Utilization Review, Toronto, Canada.

PAOLONI PHARMACY SPEAKER

Associate Professor Claude U. Paoloni, Director of the U.N.C. School of Pharmacy Externship Program, was guest speaker at a meeting of the Wake Area Health Education Center Practitioners-Instructors on May 25. Paoloni discussed the School's expanded academic externship program. Assisting Paoloni was Robert L. Smith, Assistant Director AHEC pharmacy programs and Timothy Poe, Pharm. D., newly designated pharmacist for northwestern AHEC.

Paoloni was recently presented information on the expanded externship program in the Wilmington and Mountain AHEC's.

ADVANCED PHARMACY DEGREE APPROVED

University of North Carolina's Chancellor Ferebee Taylor has announced the approval of Master of Science degree in Pharmacy Administration.

The new graduate programs provides advanced training to individuals with a professional pharmacy degree. It is designed to apply the problems and methods of the behavioral and administrative sciences to issues and problems of pharmacy. U.N.C. now becomes one of the few schools of pharmacy in the southeast offering the specialized graduate degree in pharmacy administration.

The opening date for the M.S. in pharmacy administration is scheduled for the fall of 1977.

HULL SPEAKS IN WILMINGTON

Assistant Professor J. Heyward Hull, Division of Pharmacy Practice, U.N.C. School of Pharmacy, was a guest speaker at the Wilmington Area Health Education Center recently. Hull spoke on "Problems in Anti-Coagulant Therapy."

* * *

A scientific exhibit "A Device for the Transfer and Unit Dose Packaging of Radioxenos for Patient Use" has been selected for presentation at the 24th Annual Meeting of the Society of Nuclear Medicine, Chicago, June 20-23. The exhibit was developed by Assistant Professor Richard J. Kowalsky and a graduate student, Danny R. Dalton, of the Division of Pharmaceuticals, U.N.C. School of Pharmacy.

DR. HAGER ATTENDS MEETING

Dr. George P. Hager, Division of Medicinal Chemistry, UNC School of Pharmacy, attended the "Federal-State Emergency Health Preparedness Activities" meeting held in San Diego, June 9-10. Dr. Hager is a member of the National Health Resources Advisory Committee which sponsored the meeting.

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OUR FUTURE IN HEALTH CARE: GETTING IT TOGETHER

Presented by Gloria R. Sabatini, Director of Pharmacy Affairs and Health Programs, Smith Kline & French Laboratories at the 1977 Annual Meeting of the N. C. Pharmaceutical Association.

I'm delighted to be invited here today to speak before the North Carolina Pharmaceutical Association, an organization which is recognized nationwide for its progressive efforts on behalf of pharmacy in North Carolina and throughout the United States.

My presentation this morning won't be long. I know there is nothing more agonizing than a lengthy dissertation after a long series of convention meetings. It reminds me of a story I heard about the condemned man who was about to be hanged back at the turn of the century in Dodge City.

As the sheriff was adjusting the rope, he said to the hanging victim, "You have ten minutes to live. Perhaps you would like to say something to the crowd."

The prisoner shook his head. He didn't want to say anything. Then, just as the hanging was about to take place, a candidate for Congress shoved his way through the crowd, jumped on the gallows, loosened his tie and shouted, "If the gentleman does not want his ten minutes and will kindly yield to me, I should like to begin by saying, if elected to Congress. . . ."

That was too much for the prisoner. "Sheriff," he said, "I came here to be hung, not tortured. Pull the rope!"—and they did.

Well, I promise not to torture *you* with a long speech. But I think it is instructive how often Washington and its denizens crop up these days—even in our humor. It is indicative of the pervasive role that the federal government plays in all of our lives. And for those of us in the pharmacy profession, there is every indication that unless we take action, the government's role will expand in the future.

All of us, of course, are interested in the future. It's where we expect to spend the rest of our lives. But it has been only recently that science has developed the methodology to enable us to predict what lies ahead with some degree of certainty.

Several years ago, a group of SK&F scientists experimented with the Delphi forecasting technique as an aid in the planning process. Our scientists sought predictions on future developments from authorities in health

care and science, and the predictions were then evaluated by a panel of experts who estimated when they would come true.

In the study, our scientists devoted a great deal of attention to the therapeutic armamentarium of the 1980's and 1990's. They believe we will see such things as:

- new, more varied and more reliable drugs for control of fatigue, relaxation, alertness, mood, personality, perceptions and fantasies.
- methodology for determining "pre-hypertension" states and subsequent therapy for the pre-hypertensive individual.
- drugs effective in the metabolic control of obesity—not an anorectic effect.
- drugs to dissolve gall stones and kidney stones without surgery.
- introduction of anti-inflammatory and arthritis therapy with minimal side effects.

Continued on Page 32



Miss Sabatini pictured with Sparta pharmacist Tom Burgiss. Photo by Colorcraft Corporation.

OUR FUTURE IN HEALTH CARE

• introduction of an effective anti-viral agent capable of stopping the proliferation or effect's of an infecting virus after symptoms have appeared.

• introduction of an agent which is a cure for infectious hepatitis.

• use of agents which prevent or delay ovulation indefinitely coupled with the use of agents which induce ovulation predictably.

• discovery of safe and effective "spermatoxides" or male anti-fertility agents that will not permanently alter normal spermatogenesis.

• non-steroidal agents for hormone replacement in the post-menopausal female.

• introduction of a potent pain reliever with no addiction liability, capable of relieving pain of childbirth, severe burns, cancer, etc.

• introduction of safe agents which prevent the effects of radiation.

• enhancers of tissue repair or regeneration.

• improved methods of organ preservation and storage (for later transplant).

• development of reliable diagnostic procedures for most allergies.

• discovery of a biochemical basis of schizophrenia and a rational chemical cure for the disease.

• introduction of drugs which minimize injury suffered by heart muscle following coronary occlusion.

• development of a cure for arthritis.

• development of effective and safe immuno-suppressive drugs.

• an agent to kill cancer cells and allow regeneration of normal tissue.

The Delphi researchers predicted all of this—and a lot more. They painted an exciting picture. But how will those of us in the private sector of the health care delivery system fit into it?

As I suggested earlier, the entire health care field is now under tremendous pressure—much of it from the government—to change. The pressure is so intense that we can no longer afford to stand alone, to act only as individuals or to choose a course of action without the close counsel of other members of the team.

There are signs that we are entering a new age of enlightenment. We are not only begin-

ning to speak out individually, but we are also reaching the realization that for us to succeed in preserving the unique contributions the private sector has made to health care delivery, we need *mutual* understanding and *mutual* action.

Your annual meeting these past few days is evidence of this growing realization of our need for joining together. So are the efforts that have taken place among a number of trade and professional organizations over the past several years. These efforts should be applauded and those responsible for them congratulated. But, much more remains to be done.

You and I have seen that when the situation becomes critical we are—despite our differences—able to get together. But we *should*—and *must*—get together more frequently and systematically, if we want to play a part in resolving the critical issues now confronting us rather than having the issues resolved for us.

The purpose of our reasoning together must not be simply to consolidate our defenses. The purpose must be positive: to share perspectives, to arrive at mutual understandings on critical issues; to work together to solve the profound health-related problems facing the nation. We all know the kinds of issues that we need to talk about. I'd like to discuss a few of these issues with you now.

One very important issue is government drug reimbursement and cost control programs. And central to an understanding of it is an awareness of our present environment.

In 1975, we in the United States spent well over \$100 billion for health care, approximately \$500 for every man, woman and child in the country. Our national health bill has risen so rapidly that in six years it has nearly doubled, in 14 years it has more than quadrupled, and since 1950 costs have increased almost ninefold. These increases far exceed the rate of inflation associated with the costs of other goods and services.

Against the background of concern over rising health costs, HEW Secretary Casper Weinberger, in late 1973, announced that his department was developing a plan to cut Medicare and Medicaid drug costs, which have risen to \$3 billion in the past decade. As you know, his plan has become known as "MAC" and "EAC" . . . "MAC" for the maximum al-

OUR FUTURE IN HEALTH CARE

lowable cost that reimbursement to pharmacists for certain multiple source products would be limited to; "EAC" for the "estimated acquisition cost" that HEW determines the pharmacist 'generally and currently' pays for approximately 300 drug chemical entities, based on the most frequently purchased package size.

Since that initial announcement, regulations have been issued and final MAC/EAC regulations published. (MAC regulations were published seven months ago, but not yet finalized.) As you know, the first MAC's have been proposed for Ampicillin. The second set of proposed MAC's will be reviewed by the 15 member, non-government PRAC Committee on April 27 and April 28 in Washington, D. C. I'll be there!

But, even with implementation of the MAC/EAC regulations the following nagging questions still remain.

—How to design a fair and reasonable reimbursement system for pharmacists, one that adequately covers operational costs and provides a reasonable profit?

—How to assure the ability of a manufacturer to consistently produce quality pharmaceuticals of adequate bioequivalence?

—How to enact this—and other—programs without damaging the capability of the research-oriented pharmaceutical industry to continue its support of costly drug discovery and development activity?

—Finally, how to assure that there are any *real* savings to be realized?

These questions all require scrutiny, and those of us directly involved could certainly help government planners find answers—if answers are to be found. If answers are not forthcoming, then "cost control" may turn out to be an unfortunate joke—on the health industry, the government and the American people.

Price information is another issue deserving our attention. You are aware of the U. S. Supreme Court decision which struck down as unconstitutional a Virginia law barring the advertising of prescription drug prices by pharmacists. The Supreme Court decision appears to clear the way for greater dissemination of pricing information.

The key here is finding a method of providing price information that reflects the con-

tributions of each individual member of the health care team while also serving the best interests of consumers.

Patient Package Inserts are another subject that has moved recently into the spotlight—as a result of proposed federal legislation and the apparent success of inserts used for a limited number of products.

Studies tell us that action in this area is critical—that the failure to comply with medical regimens is a substantial problem. An average of 30 to 50 percent of all patients fail to take their drugs as prescribed. (The most common errors are the omission of doses and premature discontinuance of therapy.)

Providing more information to patients has a number of obvious benefits: increased compliance with therapeutic regimens; decreased therapeutic failures; a lessening of medication errors and increased recognition of the early symptoms of drug toxicity.

Obviously, the package insert concept is a good one; it fills a real need. But as with the other issues I have discussed with you, a number of problems must be ironed out—by us—to make this idea a success. Among the problems are:

—What information should be provided the patient?

—How should the information be made available?

—Who should make it available and in what form?

A final issue I'd like to mention is the future productivity and rising cost of the pharmaceutical research process. These are serious problems, affecting not only the research and development-oriented manufacturer, but all health professionals and the American people as well.

We all realize the need to have useful medicines with the least possible risk of unwanted side effects put on the market as quickly as possible. In spite of this desire, and an industry-wide R&D budget of approximately one billion dollars annually, R&D is less productive today than it was 15 years ago. This diminished innovation has had an impact on the quality of medical care in the U. S. and has affected the health of the nation.

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OUR FUTURE IN HEALTH CARE

One of the factors to be considered in this context is the increased time needed to get a new drug on the market. In 1959, once the basic discovery of a potential new medicine had been made, it took on the average two years for the development needed to get the medicine approved for marketing. By 1972, this time period had lengthened to seven years, and a recent estimate for the entire process—from discovery to marketing—is 10 to 20 years.

Another factor is the rise in R&D costs. In 1962, the cost of developing a product for the U. S. market was \$1.2 million. By 1972 the comparable figure was \$11.5 million. A recent estimate is that development costs may now have risen as high as \$22 million for a single product.

What can be done to rectify this situation, and concomitantly what can be done about rising research costs? . . .

* * *

You can see from my brief review this morning that there are many critical issues that deserve our mutual attention. And each of the issues poses numerous important questions that should be answered with our participation.

We at SK&F are totally committed to finding answers to these questions through increased dialogue among health care professionals and associations, and especially with pharmacists.

Your ideas are critical to this effort. I hope you will communicate your thoughts to me—both on what issues we should be discussing and how we should go about discussing them.

I am convinced now, more than ever before, that if we wish to preserve our role in the health delivery system, we must be united, united in a common purpose, committed to a common philosophy, enlisted in a common action.

I hope you share this view and invite you to join me in this effort. Our futures are at stake.

Now that I've given you my conception of our Future in Health Care and the need for "getting it together" I would like to close with my impression of the Nation's Capital, where I've lived for the past 3½ years. Washington is an interesting, confusing and fascinating city.

I can best summarize my impression of the Washington scene with something I read on a Bicentennial sign on the back of the buses in Washington. . . . Washington, By George! It's the place to be!

RHETA SKOLAUT **AUXILIARY PRESIDENT, 1977-78**

Rheta Skolaut, installed as president of the NCPHA Woman's Auxiliary at the 1977 Convention in Greensboro, is a graduate of the University of Georgia School of Pharmacy, where she attained many honors.

In her pharmacy career she has served as staff pharmacist at Watts Hospital, Durham and at Johns Hopkins Hospital, Baltimore. She was Chief Pharmacist at Memorial Hospital of Chatham County, Savannah, Georgia, at Athens General Hospital, Athens, Georgia, and at Memorial Hospital, Waycross, Georgia. She was supervisory pharmacist, Inpatient and Outpatient, University of Maryland Hospital. At the Medical College of Georgia Affiliated University Hospital, Augusta, Georgia, she was Intern, Staff Pharmacist, Assistant Chief Pharmacist.

She is married to Milton W. Skolaut, Director, Pharmacy and Central Processing Services, Duke University Medical Center, Durham.

She holds membership in several professional and civic organizations, and spends a portion of her time pursuing her hobbies: travel, and gourmet cooking.

Mrs. Skolaut was recording secretary of the NCPHA Woman's Auxiliary before being elevated to the presidency. She served as president of the Chapel Hill Women's Pharmaceutical Auxiliary 1975-76.



Rheta Skolaut

McDANIEL JOINS KENDALL DRUG

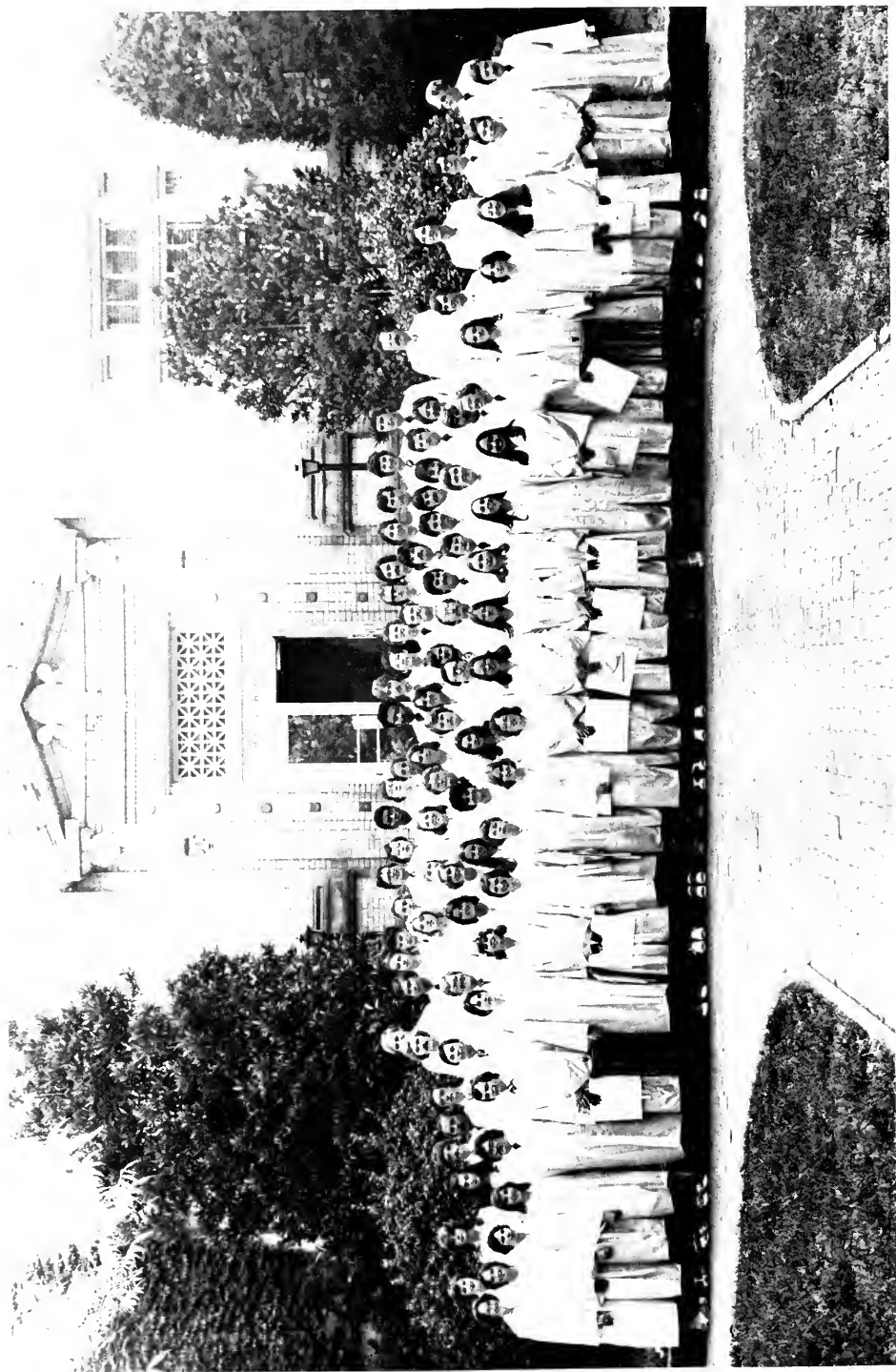
Bobby G. McDaniel has joined the wholesale firm of Kendall Drug Company of Shelby as sales manager, it is announced by President C. Rush Hamrick, Jr. He entered his new duties on June 1.

McDaniel comes to Shelby from Charlotte where he has been associated for 28 years with McKesson-Robbins, a chain of 79 drug firms throughout the United States. Native of Macon, Ga., he began his career in the drug industry there, joining McKesson-Robbins in 1949 and serving for the past 10 years as sales manager of the Charlotte company.

His wife, Ann, and their two daughters, Cherrie, 14, and Debra, 12, will join him in Shelby for residence this summer.



Bobby G. McDaniel



May 15, 1977 Graduating Class, UNC School of Pharmacy, Chapel Hill

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 Bias, Carol Ann—Wadesboro
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 Hunter, Frank Wills—Warrenton
 Idol, Gary Walter—Kernersville
 Ingold, Diane Cottrell—Carrboro
 Jenkins, Robert Darrell—Raleigh
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 Jones, Robert Edward—Chapel Hill
 Kallianos, Effie Jean—Durham
 Kares, Pamela Gail—Carrboro
 Keever, Debra Ann—Shelby
 Ketcham, Kathleen Gurney—Jacksonville
 Ketner, Phyllis Ann—Salisbury
 Kiser, John Alexander—China Grove
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 Moser, Robert LeRoy, Jr.—Newton
 Murrell, Rena Emily—Winston-Salem
 Nelson, Richard Congleton—Robersonville

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Detering the burglar

by Thad L. Weber, Security Consultant, SK&F Laboratories

As previously discussed, the thinking burglar values his freedom highly and will seldom carry his attack beyond the planning stage if, on "casing" your pharmacy, he concludes that "escape," with or without the loot, is questionable.

Recent studies of actual burglaries established that 60 percent of all forced entries were through windows, front doors, and secondary doors. In most cases, these "frontal" attacks were possible because there were no alarm sensors installed at these points *and* the door or window was easily penetrated by force.

In the remaining 40 percent of the attacks, burglars were forced to avoid alarm-protected openings by forcible entry through walls, ceilings or roofs. In the absence of good locks or permanent grills, they were able to count on and utilize rear or side doors and windows for escape or the easy removal of merchandise.

Burglary-resistant locks and grills or similar physical security on accessible doors and windows would (despite the absence of alarm devices) have frustrated some of the forced-entry attempts through these points, and in eliminating the easy escape points would have discouraged some of the roof, wall and ceiling attacks.

In some cases, a combination of these deterrents will be most practical. In any event, these measures will deny the burglar who enters through wall, ceiling, floor or roof (or who hides in the premises at closing time) the less desirable "out the front" escape route.

Remaining Weak Links

Strengthening walls, ceilings, roofs and floors is usually not practical. Thus you must at least consider the addition of an alarm system which at the minimum includes sensors capable of detecting movement of the intruder after entry or his attack on the structure. These sensors and their application will be discussed in the next column.

However, bearing in mind the fact that drugs and money are light in weight and thus easily carried out through a wall opening by a "hit-and-run" burglar, further steps should be taken to discourage such burglaries.

Note: Dispersing drugs may be effective against a hit-and-run burglary. But it will not be effective if an alarm system which will detect the entry or movement of the intruder does not exist or is not in proper working order.

Securing both drugs and money in a burglary-resistant cabinet or safe, either of which is securely anchored to the building structure to prevent removal from the premises, is another possible step.

Avoid locating the cabinet or safe with sides or back adjacent to party walls. Care should also be taken to make certain that combinations to safe or cabinet locks are not reduced to writing and placed in files, under desk blotters, on the back of desk blotters, etc. And be sure procedures require the last person out at night to be certain the safe is locked and the combination dial scrambled.

Denying Escape

- You can easily assess the potential burglar's escape points: those which are not usually or easily covered by police or alarm company guards. These may include rear or side doors and windows, interior doors leading to basements or mall service/delivery corridors, and ladder-equipped roof hatches on single-story buildings.
- Begin by considering if windows not required for ventilation can be bricked up or sealed with heavy-duty plywood or metal plate lagged in place with security fasteners. If this is not feasible, can you install heavy-duty bars, secured into masonry or with nonremovable fasteners? Or, as a last resort, how about replacing the glass with UL-approved, burglary-resistant glazing material and force-resistant locking mechanisms?
- Doors and frames should be strengthened to withstand pry bar

or spreader attack from within and equipped with (where safety codes permit) dead bolt locks (requiring a key to unlock the door from the inside), a padlock and chain set, or a steel bar secured in place with a case-hardened burglary-resistant padlock.

- Roof hatches should be permanently sealed, or if required for roof access, equipped with the aforementioned padlock.

Denying Entry

Obviously, steps taken to deny the burglar a desirable escape route will be equally effective in denying him entry through those points.

Similar steps may be taken to deter entry through show windows and front entrance doors by: installing burglary-resistant grill gates and locks; installing UL-approved glazing material in show windows and entrance doors; installing burglary-resistant double dead locks and cylinders; and bricking or sealing up transoms over entry doors.

UNC PHARMACY GRADUATES

(Continued from Page 37)

Nelson, Wallace Edgar—Hertford
 Newby, James Ronald—Hialeah, Florida
 Newsome, Louis Alfred—Ahoskie
 Nicholson, Garry Allen—Pisgah Forest
 Nicholson, Thomas Ledbetter—Fayetteville
 Oakley, David Michael—Roxboro
 Paoloni, Claude Barry—Carrboro
 Peedin, Herbert Ray—Smithfield
 Pinson, James Cornel—Chapel Hill
 Poythress, Vicky Lee—Wilson
 Rachide, Albert Johnson—Jacksonville
 Rash, Michael Craig—Reidsville
 Reece, Max Gardner, Jr.—Chapel Hill
 Sawyer, Janet Lynn—Elizabeth City
 Seats, John Philip—Lewisville
 Seymour, Patsy Kay—Goldsboro
 Sharpe, Linda Rae—Asheville
 Sheffield, David Graham—Warsaw
 Simos, Daniel Meyer—Bethesda, Maryland
 Small, Pamela Beroth—Greensboro
 Snipes, Stephen Andrew—Rocky Mount

Stancil, Jennifer Lucille—Kenley
 Stewart, Milton Keith—Fremont
 Sutton, Granger Martin—Mt. Olive
 Sweat, Marshall Randall—Carthage
 Tang, Bertram Hon-Sun—Hong Kong
 Taylor, James Martin—Mooresville
 Taylor, Michael Keith—Rocky Mount
 Terrell, Montrose Graham—Sanford
 Thomasson, Steve Willis—Hamptonville
 Threatt, Karen Leigh—Fayetteville
 Tillett, Ben Wyche, Jr.—Roxboro
 Vinson, Joseph Stephen—Chapel Hill
 Wagner, Robert George—Syosett, New York
 Ward, William Thomas—Chapel Hill
 Warren, Michael Ray—Roseboro
 Watson, Gary James—New Bern
 Watts, John Franklin—Taylorsville
 Wheeler, Robert Vernon—Creedmoor
 White, Lindsey Lee—Elizabeth City
 Woodard, Joy Elizabeth—Princeton
 Woodard, Michael Sugg—Princeton
 Worker, Sallie Fonvielle—York, Pennsylvania
 Wynne, Katherine Schmidt—Hope Mills
 Zurek, Deborah A.—Cary

WEDDINGS

Miss Sonja Melissa Perry and James Herbert Estes were joined in marriage, Saturday, May 14, 1977 in the Zebulon Baptist Church. The Reverend Charles Edwards and the Reverend Johnny Smith, of Raleigh, officiated at the double-ring ceremony.

The bride is a graduate of the University of North Carolina at Chapel Hill School of Pharmacy and is employed as Pharmacist-Manager of Glenwood Pharmacy in Raleigh. The groom is a graduate of W. W. Holding Technical Institute and is a Sales Representative of C. F. Sauer Company. The couple will live in Raleigh, N. C.

Miss Pamela Joyce Kanipe and *Everett Lee Lewis, Jr.* were married Saturday, May 21, 1977 at the Friendship United Methodist Church in Fallston by the Reverend Howard Wilkinson.

Mr. Lewis is a graduate of the University of North Carolina at Chapel Hill School of Pharmacy and is employed by Cornwell Drugs, Inc. in Dallas. The bride is a rising senior at Belmont Abbey College and is currently employed by WBTV news in Charlotte as an ENG technician. They will reside in Gastonia.

Miss Linda Sue Travis and William Richard Cross were joined in marriage on Saturday May 14 at the Edenton Street United Methodist Church in Raleigh. The Rev. Wallace H. Kirby officiated.

The bride is a graduate of the University of North Carolina School of Pharmacy and is a pharmacist at Johnson Pharmacy in Raleigh. The groom is also a graduate of the University of North Carolina at Chapel Hill where he majored in Radio-Television-Motion Pictures.

The couple will make their home in Raleigh.

Deborah Pauline Wensil of Charlotte, and *John William Sink, Jr.* of Winston-Salem were married June 4th at Myers Park Baptist Church in Charlotte. The bride is a graduate of the University of North Carolina in Chapel Hill. Mr. Sink is a graduate of the School of Pharmacy, University of North Carolina at Chapel Hill and is presently employed as a pharmacist with Crown Drugs in Winston-Salem.

BIRTHS

Mr. and Mrs. Irwin W. Hankins, 3rd, of Charlotte announce the birth of a girl, Marsha Evelyn, on May 30th.

Marsha Evelyn, whose mother is Pharmacist Barbara Brewer Hankins, Class of 1973, was named for her grandmother, Pharmacist Marsha Hood Brewer of Pink Hill, Class of 1943.

DEATHS

Verne D. Lea

Verne Duncan Lea, Durham pharmacist, died May 24.

He was associated with various Durham pharmacies over a 50 year period.

JOHN M. PICKARD

John Milton Pickard, age 62, Durham pharmacist, died in Durham County General Hospital on June 14.

He was a graduate of the UNC School of Pharmacy and the owner and manager of Center Drug Store, Durham.

CLYDE FUTRELL

Clyde L. Futrell, age 59, Cary pharmacist, died June 11 at Duke Hospital, Durham.

A graduate of the UNC School of Pharmacy, Mr. Futrell was associated with Eckerts of Raleigh and later with the State Prisons Department as a pharmacist.



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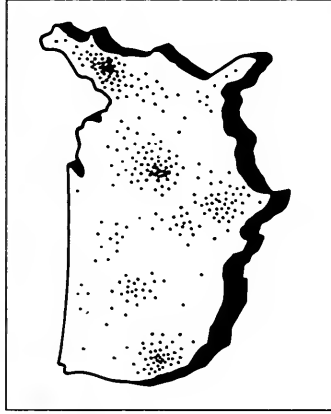




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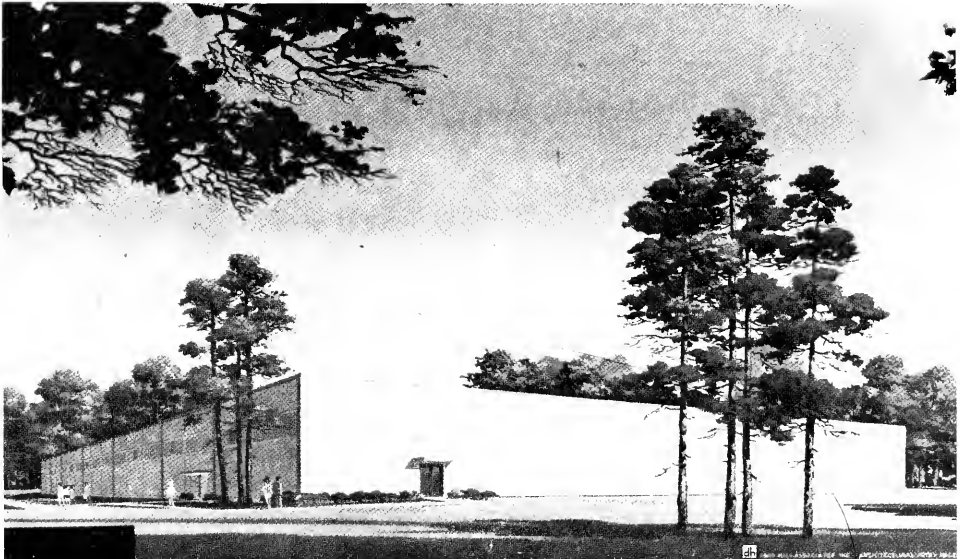


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VOLUME 57

AUGUST 1977

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SCHOOL OF PHARMACY



DOUBLE RECOGNITION FOR ROGER CRANE

Members of the Wake County Pharmaceutical Association not only recognized the outstanding leadership of its president this past year, Roger Crane (left), by presenting him with an inscribed plaque but voted him the organization's "Pharmacist of the Year."

The two plaques, one held by NCPHA President Eugene Hackney, attest to the double honor bestowed upon Pharmacist Crane.

The Wake County Pharmaceutical Association, with a membership of more than one hundred pharmacists, is one of the state's largest county pharmacy organizations. Photo by Colorcraft Corporation.

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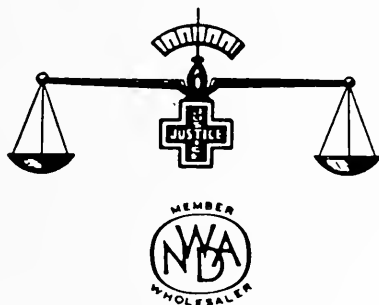


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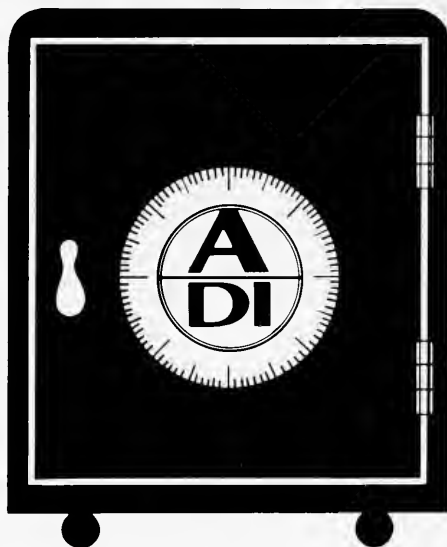
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AUGUST 1977

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DRUG LAG

U. S. Senator Jesse Helms has introduced a "Medical Freedom of Choice Act" to make new, safe and effective prescription drugs readily available to the American public.

Helms cited recent scientific studies showing the existence of a "drug lag" in the United States which he says is costing thousands of lives each year.

FEE INCREASED TO \$2.50

Effective July 1, 1977 the Equitable Life Assurance Society of the United States increased their dispensing fees in North Carolina from \$2.15 to \$2.50.

This applies particularly to PCS #035—General Tire & Rubber Company—as administered by Pharmaceutical Card System.

SUED AGAIN

A Winston-Salem dermatologist against whom a \$354,000 default judgment was entered last October in Forsyth Superior Court has been named defendant in another negligence suit which seeks \$500,000 in damages.

A Davie County woman claims a drug prescribed by the dermatologist caused severe burns and permanent scarring to her skin.

\$125,000 SUIT

An Eastern North Carolina woman has filed a \$125,000 suit against Sea Level Hospital, Duke University Medical Center and Duke University, Inc. alleging that a Sea Level Hospital pharmacist incorrectly refilled a prescription which caused her to be hospitalized.

N. C. ASSOCIATION OF PROFESSIONS

Pharmacist members of the Board of Directors, North Carolina Association of Professions, are

1976-78:

John C. Hood, Jr., Kinston; Kenneth Edwards, Stantonsburg; and William H. Mast.

1977-79:

C. Michael Whitehead, Ramseur; William H. Wilson, Raleigh; and George H. Edmonds, Greensboro.

SIGN OF THE TIMES

Sign near Boone: Gas 33.3 cents per gallon. And in miniature letters: Paid for with pure silver only.

BELHAVEN WALK-MARATHON

The Greeks would have appreciated this one: In order to celebrate the Nation's 201st Anniversary, W. Joe Davis (Creative Services Associates, Raleigh) sponsored a 26-mile Walk-Marathon from Washington to Belhaven. Appropriately, the walk took place on July 4th.

For participants, Davis provided a special "On the Road to Belhaven" T-shirt and a certificate of participation to each entry in the Walk-Marathon.

BELVIN JOINS SBI UNIT

Bobby R. Belvin of Raleigh began his duties as the representative of the Board of Pharmacy on the Diversion Investigation Unit of the S.B.I. on June 27. In this capacity he will participate in criminal investigations of controlled substance diversion and report to the Board Office at frequent intervals.

He has 18 years of experience in investigative work, the majority of which was acquired as a Special Agent for the Bureau of Alcohol, Tobacco and Firearms of the U. S. Treasury Department. Bobby is a native North Carolinian and lives in Raleigh with his wife and two children.

KERR BUYS REAVES DRUG

Reaves Drug Store, Eutaw Village Shopping Center, Fayetteville, has been sold to Kerr Drugs.

L. E. Reaves opened the store in 1955 following pharmacy ownership in Haymouth and downtown Fayetteville. He is now managing a second pharmacy (Reaves Rexall Drugs, Tallywood Shopping Center) which he has owned since 1962.

ELECTIONS COMMITTEE ANNOUNCES OFFICERS-ELECT Voters Approve 1-Dues Plan

The Elections Committee of the North Carolina Pharmaceutical Association, meeting in Chapel Hill on June 28, opened, reviewed and tallied the officer ballots received during the previous thirty days.

The mail ballot included a proposed revision of the Association's by-laws relating to annual membership dues. For the proposal to become effective, the required vote was 2/3rds of those voting to vote "yes" on the proposal. The percentage vote, as announced by the committee, was

Yes	69.2%
No	30.8%

To implement the 1-dues plan over a two year period, the \$30 category will be advanced to \$45 in 1978 and \$60 in 1979. Some categories (out of state, retired, etc.) will remain essentially as at present.

The officers-elect (to be installed in Asheville in 1978) are:

First Vice-President: Joseph C. Miller, Boone
Second Vice-President: Jack G. Watts, Burlington

Third Vice-President: Marshall Sasser, Smithfield

Members of the NCPHA Executive Committee for a one year term: David Claytor, Greensboro; Ernest Rabil, Winston-Salem; and B. Paul Woodard, Princeton.

Member of the North Carolina Board of Pharmacy for a five year term: A. H. Mebane, III, of Greensboro.

Directors of the North Carolina Pharmaceutical Research Foundation: E. A. Brecht, Chapel Hill; Harold V. Day, Spruce Pine; Wade A. Gilliam, Winston-Salem; and Frank F. Yarborough, Cary.

Herman Lynch of Dunn is president-elect of the North Carolina Pharmaceutical Association. Installation is scheduled in Asheville on May 2, 1978 at the Great Smokies Hilton Hotel.

Members of the Elections Committee in Chapel Hill on June 28 were Joseph A. Edwards, Jr. of Raleigh, Gilbert C. Harris of Winston-Salem, Haywood Jones of Zebulon and Robert Lafferty of Chapel Hill.



**Herman Lynch, President-Elect
N. C. Pharmaceutical Association.**



MILLS ELECTED

John E. Mills of Mount Airy has been elected chairman of the Mount Airy Board of Education. He has been serving as vice chairman of the Board.

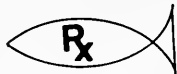
Mills, a graduate of the UNC School of Pharmacy and a charter member of the Surry County Pharmaceutical Association, was associated with his father in the operation of Mills Drug Company, Cliffside, prior to 1960. Later, he and his father moved to Mount Airy to become owner/managers of the W. S. Wolfe Drug Company which continues in operation today.

Pharmacist Mills is married to the former Barbara Sparks and they have three children: Ellen, a student at UNC-G; Kristi, a rising freshman at High Point College; and John, Jr., a rising junior at Mount Airy Senior High School.

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Generic Drugs May Be Of Poorer Quality

By Fred A. Coe, Jr., President

Burroughs Wellcome Company

Reprinted from the Durham Morning Herald, July 2, 1977

To the Editor:

I believe many readers may be misled by a recent advertisement placed in your newspaper by Treasury Drugs, a division of J.C. Penney Co. Ltd. The ad implied substantial savings to consumers who purchase generic drugs and also claimed there is no difference between the generic and brand name versions. I would like to provide some facts to help consumers better understand the generic drug issue.

The assumption that all chemically alike (or generic) drugs are equal is wishful thinking. Given two manufacturers of the same drug, it is possible for one version to produce the desired results and for the other to have little or no effect. It is the manner in which the drug is manufactured that determines its effectiveness.

The Food and Drug Administration cannot guarantee the quality and safety of all drug products. In a 1973 report to Congress, the General Accounting Office said "... FDA has not enforced compliance with good manufacturing practices ... and it lacks effective means of assuring that all drug producers are inspected every two years as required by law."

It is absolutely clear that most recalls come from lesser known companies that make a minority of the drugs. In a 1974 Wyeth Laboratory study, the top 25 research-based companies (which account for more than 73 per cent of the sales) had only 12 per cent of the recalls.

It takes more than laws and government agencies to assure consumers they are buying an effective, quality product. It takes companies who have a reputation for quality to protect. Doctors trust the products of reputable, well-known companies, as shown by the fact that the overwhelming proportion of prescriptions written today call for a brand name.

Doctors are also aware that well-known companies are committed to quality in the

manufacturing process. According to the Pharmaceutical Manufacturers Association, its ethical company members assign one out of every six production workers to quality control. These employees spot and report defects that firms with a lesser commitment to quality may overlook. As many as 700 or more separate quality control checks may be made on each batch of a product.

If consumers are going to make informed decisions on drugs that may be critical to their health, they deserve to know where the drugs come from. There is really no such thing as a "generic" drug product—some company made it and should be responsible for it.

Treasury Drug's advertisement claims in a bold headline that "Generic drugs can save you up to 50 per cent." Near the bottom of the page, in smaller print, the ad states, "Generic drugs generally cost pharmacists less than brand name drugs." This is the true meaning of the ad's message.

In most states where pharmacists are permitted to substitute a generic drug for the brand name prescribed by the doctor, consumers have not experienced the savings promised. For example, a substitution law went into effect in Massachusetts in 1970. Yet the state Department of Health says it has not been able to cite any substantial savings to consumers. A recent study by IMS/America indicates that if all multi-source drugs were prescribed generically, savings on total consumer expenditures for all prescriptions would be less than 4 per cent.

Consumers can tell their doctors they would like to save whatever they can on the cost of prescription drugs without sacrificing quality. They can ask their doctor to prescribe in the most economical quantities, especially for maintenance drugs. The key phrase is "without sacrificing quality." To save a few cents on a prescription at the expense of your health is no economy.



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This agreement by **Geigy** Pharmaceuticals to indemnify and hold harmless, as set forth above, is expressly conditioned upon the pharmacist, or his employer, im-



and every pharmacist who dispenses it.

mediately notifying the Company of any claim, demand, or the service of any complaint. This agreement is further expressly conditioned on the pharmacist, or his employer, providing full cooperation to the Company, including complete access to all relevant records, and on **Geigy** Pharmaceuticals having complete control over the conduct and disposition of any claim, demand, or law suit.

This agreement is not applicable if **Geigy** Pharmaceuticals determines that there is evidence of any improper or negligent statement or act, or omission to act, by the pharmacist, or his employer, or if **Geigy** Pharmaceuticals determines that there is evidence that the product has not been properly stored or properly dispensed.

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NEW PHARMACIES

1. K mart Pharmacy, 815 South College Road, Wilmington. Janet G. Boney, pharmacist manager.
2. K mart Pharmacy, 4640 West Market Street, Greensboro. James O. Baity, pharmacist manager.
3. K mart Pharmacy, 201 B. Berkley Blvd., Goldsboro. John Stancil, pharmacist manager.
4. Eckerd Drugs, 2007 Neuse Blvd., New Bern. William LaMont, pharmacist manager.
5. Revco Discount Drug Center, Gold Park Shopping Center, Ward Blvd. and Raleigh Road, Wilson. James R. Thomas, pharmacist manager.
6. Revco Discount Drug Center, Bessemer City Plaza, N. C. Highway 274 at N. C. Highway 275, Bessemer City. Roland E. Tate, pharmacist manager.
7. Revco Discount Drug Center, Highway 19, Burnsville Plaza, Burnsville. Jeffrey Smith, pharmacist manager.
8. Big Value Discount Drug, Highway 158 and 3rd Street, Nags Head. Sheila R. White, pharmacist manager.
9. Savco Discount Drugs, Club Haven Shopping Center, 5015 Country Club Road, Winston-Salem. Rory P. Blake, pharmacist manager.
10. King Drug, Inc., Route R, Forest Oaks Shopping Center, Greensboro. Johnny H. King, pharmacist manager.
11. Byrd's Lo Mark Pharmacy, 600 West Raleigh Street, Siler City. Frank G. Brooks, Jr., pharmacist manager.
12. Medi-Save Pharmacy, 1207 West Front Street, Statesville. Lucius Cooke, pharmacist manager.
13. The Medicine Shoppe, 3316 Guess Road, Durham. Patricia C. Giddings, pharmacist manager.

14. Penslow Clinic Pharmacy, Holly Ridge, Danny J. Yates, pharmacist manager.

OWNERSHIP TRANSFER

1. Lamm's Mall Pharmacy, Gaston Mall, Cox Road, Gastonia. James A. McBryde, pharmacist manager.
2. Economy Drug Company, 114 South Main Street, Randleman. Harold A. Bolick, pharmacist manager.
3. Center Drug Store, 2844 Roxboro Road, Durham. William H. Burch, pharmacist manager.
4. Towne Pharmacy, Inc., 1408 West Innes Street, Salisbury. Charles P. Deadwyler, pharmacist manager.
5. Kerr Discount Drugs, 2706 Bragg Blvd., Fayetteville. Jimmy S. Jackson, pharmacist manager. (Formerly Reaves Drug Store).

LUTZ NOW SOLE OWNER OF KINGS MOUNTAIN DRUG

Effective June 1, Howard R. Lutz became sole owner of Kings Mountain Drug Company, when he purchased the stock of his partner, Charles D. Blanton, Jr.

Mr. Blanton's father established the Kings Mountain Drug Company in 1937 and continued as its owner and manager until his death in 1963. Charlie joined the pharmacy in 1953 and Howard in 1962. For several years, Ragan Harper was associated with Kings Mountain Drug Company prior to establishing Harpers Prescription Pharmacy.

Since the change in ownership of the pharmacy, Mr. Blanton has worked in the Charlotte areas. Future plans call for employment in Shelby.

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UNC PHARMACY SCHOOL

HAGER ELECTED LENOIR RHYNE TRUSTEE

Dr. George P. Hager, Division of Medicinal Chemistry, of the UNC School of Pharmacy, has been elected to the Board of Trustees of Lenoir-Rhyne College, Hickory. Dr. Hager's appointment is for a period of three years. He was past Chairman of the Lenoir-Rhyne Development Board.

DEAN MIYA ATTENDS WASHINGTON MEETING

Dean Tom S. Miya, UNC School of Pharmacy, met with the National Academy of Science, National Research Council, Committee on Toxicology Information Programs, June 15, Washington, D. C. Dr. Miya is Chairman of the Committee.

LEE GETS CANCER GRANT

The American Cancer Society has awarded a grant of \$50,000 to Professor Kuo-Hsiung Lee of the UNC School of Pharmacy in support of his research in "Isolation and Mode of Action of Antitumor Agents." The grant also stipulates support in the same amount for a second year beginning July 1, 1978.

Inasmuch as this grant is financed in part by a special bequest to the Society from the Reva J. Cooper estate, it is known as the Reva J. Cooper Memorial Grant for Cancer Research.

SCHOOL OF PHARMACY PROMOTIONS

The following UNC School of Pharmacy promotions from Assistant to Associate Professor are effective on July 1, 1977:

M. Robert Blum, Division of Pharmaceutics
Stephen M. Caiola, Division of Pharmacy Practice
Iris H. Hall, Division of Medicinal Chemistry
J. Heyward Hull, Division of Pharmacy Practice is promoted as of July 1, 1978.

ECKEL PROMOTED TO PROFESSOR

Fred M. Eckel, Head, Division of Pharmacy Practice, UNC School of Pharmacy, has been selected for promotion to full professor as of July 1, 1977.

Eckel is a graduate of the Philadelphia College of Pharmacy and Science and the Masters Degree program in Hospital Pharmacy, The Ohio State University. He is the past recipient of the Hospital Pharmacists Achievement Award of the North Carolina Society of Hospital Pharmacists, the Lederle Faculty Award, and the Distinguished Service Award—Chapel Hill-Carrboro Jaycees.

Professor Eckel is the author of over 50 publications. He was the 1975-76 President of the American Society of Hospital Pharmacists. He was recently appointed to H.E.W.'s Pharmaceutical Reimbursement Advisory Committee.

PHARMACY SCHOOL APPROVED AS EDUCATION PROVIDER

The American Council on Pharmaceutical Education has designated the UNC School of Pharmacy as an accredited provider of continuing pharmaceutical education.

This designation allows the School to provide continuing education courses which are recognized by states requiring coursework for relicensure. It also is a central headquarters whereby listings of all continuing education courses in the specialty of pharmacy will be monitored and coordinated.

HULL APPOINTED CHAIRMAN

The American Society of Hospital Pharmacists has announced the appointment of Assistant Professor J. Heyward Hull as Chairman of the Special Interest Group on Clinical Pharmacokinetics Practice in the UNC School of Pharmacy, Division of Pharmacy Practice.

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TAR HEEL DIGEST

TAYLORSVILLE

John F. Watts has been added to the pharmacy staff of Crown Drugs. He is a 1977 graduate of the UNC-CH School of Pharmacy.

BAILEY

Tarboro Pharmacist Richard H. Rains assumed ownership and management of Bartlett Pharmacy on June 1. Rains, a Kenly native, was associated with a Tarboro pharmacy for several years.

CHAPEL HILL

The American Society of Hospital Pharmacists has named J. Heyward Hull, Clinical Pharmacist, North Carolina Memorial Hospital, to chairmanship of the organization's special interest group (SIG) on Clinical Pharmacokinetics Practice.

HENDERSONVILLE

Two men have been charged with breaking and entering Economy Drug Store. Police were alerted when an attempt was made to pry open a locked drug cabinet.

FAYETTEVILLE

Rooftop burglars broke into Revco Discount Drugs and Massey Hill Drug Store in early June. A large quantity of CS drugs is missing.

RALEIGH

The PBX Club presented its annual "Outstanding Club Member Award" to Jean Marie Pair during National PBX Week. The award is based on outstanding service and dedication. Jean is employed by W. H. King Drug Company.

SILER CITY

Willis Whitehead has been elected a director of the Chatham County Association of Retarded Citizens.

BURGAW

Pharmacist Norwood Blanchard has been named as a member of the Pender County Board of Health to fill the unexpired term of the late Robert R. Dees. Mr. Blanchard is owner and manager of Pender Drug Center, Burgaw.

ASHEVILLE

George F. Bryan, an Eckerd district manager with 48 years of employment with the company, retired on May 31. His successor is Percy Cozart, formerly of Roxboro.

Bryan rose from a \$16 a week clerk-porter in 1929 to district manager for 30 of the Eckerd stores.

HENDERSONVILLE

Robert C. Wilson, Jr., has joined his father at Economy Drugs as a third generation of his family to engage in the practice of pharmacy.

WILSON

Ted Weant, formerly with Mast Drugs in Oxford, has recently accepted a position with Kerr Drugs, Rocky Mount. He and his wife, Carol, and son, Kyle, reside at 1115 Lafayette Avenue, Rocky Mount.

ASHEVILLE

Harry J. Dover, medical service representative for Parke Davis & Company, was recently awarded his 25-year anniversary pin and a Hamilton Chime Clock.

PINK HILL SCHOOL OF PHARMACY TECHNOLOGY

by W. Joe Davis

When a pharmacist's time becomes saturated with technical duties, his availability to his patients becomes severely handicapped. Professionalism in pharmacy, consequently, suffers.

It is precisely this situation that the Pink Hill School of Pharmacy Technology, Robert L. "Bob" Hood, Director, hopes to correct. The School, located in Pink Hill, N. C. and founded in 1975 is designed to prepare students as pharmacist technologists capable of performing many of the duties today's pharmacists are required to handle.

"If the Pharmacy Tech Program," say Director Hood, "does nothing more than release the extra busy pharmacist from the technical tasks of pharmacy practice, then I feel pharmacy and the public will be mutually benefited."

"So many other professional disciplines now have technical assistants, so why shouldn't modern pharmacy also have specially trained supportive personnel?"

Director Hood hopes that a standard of curriculum excellence and preparation can be achieved for his Pharmacy Tech course with the support and blessing of the N. C. Board of Pharmacy and the North Carolina Pharmaceutical Association.

Concern has been expressed by the pharmacy students at UNC who are alarmed by what they see as a potential loss of job openings. Whatever the outcome, however, Bob Hood is satisfied that a genuine need exists for qualified Pharmacist Technologists, and with all due respect to the Program's adversaries, is willing to continue the efforts of his Program.

In May, John C. Hood, Past President of the Lenoir County Pharmaceutical Society, presented the Lenoir Community College Certificate of Completion to the graduating class of Pharmacist Technologists, while Director Bob Hood presented his School's certifications. Certificates were presented to: Irene S. Smith, Albertson; Carolyn S. Brown and Linda Rosebery, Deep Run; Margaret B. Robbins, Kinston; Linda M. Howard and Peggy D. Smith, Pink Hill; George E. Clark, Jr., and Sherlynn B. Clark of Warsaw. Sherlynn Clark was cited as having the highest average for the year, and George Clark, Jr., for having the highest 2nd semester average. Fourteen students began the Program, while eight completed the requirements.

"Course instruction at the Pink Hill School of Pharmacy Technology," explained Bob Hood, "is divided over two semesters. It includes a Wednesday night lecture period followed by a Thursday lab section. In 1977-78 course work will be divided into different courses of instruction, 3 days a week plus labs.

Mr. Hood is joined by his sister, India B. Hood, also a pharmacist, in classroom instruction. Also Frances Howard, Nurse and E. L. Bradshaw, Jr., Hospital Pharmacy.

The Pink Hill School of Pharmacy Technology is the only one in North Carolina offering community pharmacy technology instruction. "Pharmacists need to be freed," Hood reiterated, "from routine pharmacy technical procedures and clerical functions, so that they can perform more significant patient oriented functions. My hope is that pharmacists will recognize the effort of the Pharmacy Technology School. Such a School can benefit pharmacy in this State and health services in general if given the chance."

"Service in Wholesale Quantities"



LIMITED SERVICE PERMIT

1. Hullwood Pharmacy, Oak Manor Nursing Home, Corner of Rhodes Avenue and College Street, Kinston. Charles B. Pace, pharmacist manager.

6. Alice Darden Jordan from Georgia
7. Dewey Herman Jordan, Jr. from Georgia
8. Freddy Joseph Rabon from Virginia
9. William Carle Tarr, II from Texas

PAOLONI MEETS WITH PHARMACISTS

Associate Professor Claude U. Paoloni, Director of Intern-Externships, UNC School of Pharmacy, met recently with practitioners-instructors of the Winston-Salem area to discuss the academic externship program with area pharmacists. He also presented a similar program to pharmacists in the Charlotte area.

RECIPROCITY

1. Thomas Randell Adams from Alabama
2. Richard Carlisle Blackley from New York
3. Candace Kendle Bryan from Ohio
4. Newell Cullen Griffin, Jr. from South Carolina
5. Edward Ray Holder from South Carolina



Laboratory students of the Pink Hill School of Pharmacy Technology take a break for the camera. Left to Right: Carolyn Brown, Deep Run; Irene Smith, Albertson; Linda Roseberry, Deep Run; R. L. Hood, Director; and Teresa White, Pink Hill.

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It will arrive soon, along with necessary instructions. Participating couldn't be easier; just fill out the brief entry form and return.

Drawings for winners at October N.A.R.D. convention

Convention dates: October 2-6, 1977

Location: Washington, D.C.

You need not be present in order to win.

Your generosity will be publicly acknowledged

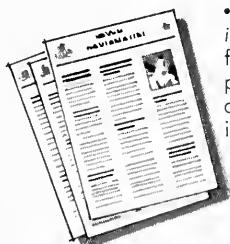
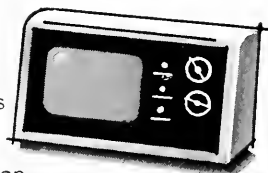
All winners will have their awards publicized in their communities, and receive plaques commemorating their grants.

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• *Wellcome Trends in Pharmacy*—a newsletter for practicing and student pharmacists to keep them abreast of developments important to the profession.

• The Burroughs Memorial Fellowship and The Wellcome Memorial Fellowship, granted for field work in pharmacy.

• Summer employment for undergraduate pharmacy students at our production facilities in Greenville, North Carolina.



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APPOINTEES WHO WILL SERVE AS HUMAN RESOURCE ADVISORS, INCLUDING THE MEDICAID RX PROGRAM

Governor Hunt has named eight persons to the N. C. Human Resources Board, which advises the Secretary of Human Resources:

Dr. John McCain, Wilson
George W. McCleary, Asheville
Mrs. Jenny Dees, Burgaw
Wymene Valand, Raleigh
James Hall, Clinton
W. T. Harris, Charlotte
Dr. Clement Lucas, Edenton
Mrs. Ruth Starnes, Monroe

The eleven member North Carolina Social Services Commission is composed of

James F. Richardson, Charlotte (Chm.)
Jimmy Jacumin, Icard
Mrs. Helen S. Floyd, Durham
Phillip E. Gerdes, Charlotte
Rev. Cedric S. Rodney, Winston-Salem
Rex Paramore, Nashville (Pharmacist)
William S. Trevorow, Greensboro
Mrs. Wade Stott, Wadesboro
Mrs. Leroy Johnson, Fremont
Mrs. Melvin Whitfield, Kinston
Jake Hyatt, Bryson City

This commission is responsible for supervision of the Medicaid Program in North Carolina including the Medicaid Drug Program.

Key administrative officials are:

Sarah T. Morrow, Secretary
Department of Human Resources
325 N. Salisbury Street
Raleigh, N. C. 27611

Robert H. Ward, Director
Division of Social Services
Department of Human Resources
(address above)

James E. Gibson, Jr., Chief
Medical Services Section
Division of Social Services
(address above)

Benny Ridout, Pharmacist Consultant
Division of Social Services
Department of Human Resources
325 N. Salisbury Street
Raleigh, North Carolina 27611
Tel: (919) 733-2060

WIN \$500 FOR PHARMACY SCHOOL OF YOUR CHOICE

Pharmacists have a greater chance of winning in the Pharmacy Education Program this year than ever before. For its fourth annual program, Burroughs Wellcome Co. has increased the number of winners to three from each state.

A \$500 award will be made in the name of each winner to the pharmacy school of his choice to be used as a revolving student loan fund. Three winning names from each state plus the District of Columbia and Puerto Rico will be drawn at the National Association of Retail Druggists (NARD) Annual Meeting in Washington D. C., October 3-5.

Sixty-seven of the 72 pharmacy schools in the United States and two in Canada have received awards totaling \$130,000 since the program began in 1974. The Massachusetts College of Pharmacy holds the record, having received 11 awards.

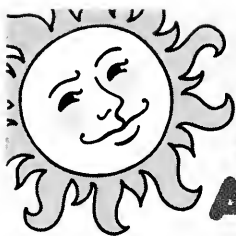
Burroughs Wellcome will be contacting 60,000 retail and hospital pharmacies inviting their pharmacists to participate by returning a simple entry form. Any pharmacist not receiving a form may notify the Company through a Medical Sales Representative or by writing: Pharmacy Education Program, Burroughs Wellcome Co., 3030 Cornwallis Rd., Research Triangle Park, N. C. 27709.

Through this program, Burroughs Wellcome continues its partnership with pharmacy by helping to assure the future of the profession through education.

LEGISLATIVE REPORT

The NCPHA issued a legislative report, included as part of the July issue of The Tar Heel Digest, following adjournment of the 1977 session of the General Assembly of North Carolina.

Digests of six bills plus references to the Sunset Law and Medicaid were a part of the report.



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MARKET RESEARCH AND COMMUNITY PHARMACY PRACTICE

Information on consumer desires must be available before pharmacists, or for that matter any other businessman, can attempt to satisfy consumers. The procedure normally followed at the corporate level to obtain consumer attitudes has been to conduct market research studies. Market research is defined as the systematic gathering, recording, and analyzing of data on problems relating to the marketing of goods and services. It is the mechanism that provides businessmen with feedback from consumers about their new and old products and services. Market research information from consumers is obtained by a variety of techniques. The most common method of measuring consumer attitudes has been to conduct surveys, e.g., telephone inquiries, personal interviews, or mail questionnaires.

Some information has been obtained on consumer attitudes toward pharmaceutical services via questionnaires and surveys. However, community pharmacy owners/managers, private third-party payers, and governmental agencies have been somewhat critical of these studies. The most frequently mentioned complaints include: 1) the smaller number of consumers surveyed, 2) geographical limitations, 3) the incomplete and vague nature of questions asked, 4) lack of interpretation of results by investigators for "grass roots" pharmacists, 5) lack of guidance on how results can be utilized, and 6) the applicability of results to an individual pharmacist's practice. It would appear that the most logical step for community pharmacy owners/managers should be for them to conduct their own consumer surveys.

North Carolina Consumer Study

Background

The School of Pharmacy at the University of North Carolina with funding from the University of North Carolina Health Services Research Center and Eli Lilly and Company undertook a pilot test to examine the feasibility of a pharmacy consumer feedback system. The objective of the project was to test, develop and evaluate questionnaires which could be distributed in community pharmacies by pharmacy owners/managers for the purpose of providing information on services desired by their consumers.

A one-time advertisement inviting North Carolina Pharmacies to participate in a consumer study was placed in the North Carolina Pharmaceutical Association's monthly publication the "Tar Heel Digest" in June 1976. Within three weeks 200 of the 1,355 pharmacies in North Carolina responded that they were willing to participate in the project. The response rate indicated the interest and value pharmacists placed on consumer input into their operations.

The questionnaires used in the study were a refined and modified version of a questionnaire used in a previous study and reported in the *Journal of the American Pharmaceutical Association*. The questionnaire was composed of 32 questions on pharmaceutical services constructed in a Likert format. Two questions asked consumers to rate the pharmacy on its services and prices; one question each was asked on the value of services to consumers, prescription waiting time, travel distance and time; and seven questions were asked on consumer demographic characteristics, e.g., sex, age, income. A number of steps were implemented to improve consumer response—the questionnaires were printed in yellow because pretesting indicated more females than males completed the questionnaires, a "check-off" format was utilized to speed the process of completing the questionnaire, sensitive demographic questions were placed at the rear of the questionnaire, and the return envelopes were hand stamped. To facilitate data processing, the optical scan card in Appendix I was utilized. Consumers were instructed to fill in the appropriate blanks on the optical scan card.

From "A Consumer Feedback System For Improved Consumer Relations" by Jean Paul Gagnon, Ph.D., Associate Professor, Pharmacy Administration, School of Pharmacy, University of North Carolina, Chapel Hill, N. C. 27514.

This presentation, including numerous tables will appear in more complete form in various national publications.

(Continued on Page 25)

"Facing" Up to Our Responsibilities



TOM McLEAN



WALKER CRUMP



JOHN HARRISON



HORACE FLANIGAN



KEN McARTHUR



JIMMIE HODGINS



TOM CORCORAN



CHARLOTTE YOUNT



LENNIE CASEY



CHARLIE EDWARDS



JACK CANUPP



BOYD BARNETTE



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JON COLEY

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MARKET RESEARCH

Specific instructions were given to pharmacists on how to distribute the 100 questionnaires which were sent to them. In addition to the consumer questionnaires a questionnaire collecting information on the pharmacy operation was forwarded to each participating pharmacy. Approximately 20,000 questionnaires were sent out to 200 companies (100 per pharmacy) in July 1976.

Results

After approximately two months telephone callbacks were made to determine how many questionnaires were actually distributed. It was confirmed that 14,660 questionnaires had reached prescription consumers. Fifty of the 200 pharmacies who received the questionnaires never distributed them. The final response count was 2,973 questionnaires for a 20.3 percent response. A response of 31.0 percent was obtained in pharmacies who completely distributed the questionnaires.

Summary statistics on consumer demographics and store characteristics indicated that female respondents outnumbered male respondents three-to-one, that there was a heavy number of respondents less than 45 years of age, that most of the respondents had a high school education, and that the mean income was between \$8,000 and \$20,000 per year. The majority of pharmacies participating in the study had the following characteristics: prescription sales accounted for 26 to 50 percent of total sales, ownership was predominantly independent as opposed to chain, most of the pharmacies were located in downtown locations, average store size was between 1,500 and 3,000 square feet, daily prescription volume was between 100 and 200 prescriptions a day and average total sales ranged between \$250,000 and \$500,000 a year.

Evidently 40 percent of the prescriptions dispensed in the study pharmacies were for consumers who will not be taking the drugs. The distribution of respondents by who used drugs purchased is presented in Table 1. This finding is important in light of the new personal services proposed for pharmacists. Pharmacy patrons are quite loyal to their pharmacies; 79 percent (see Table 2) had patronized the pharmacies in the study for a period of time greater than two years. Pre-

scription price information may not have as noticeable an impact as the Federal Trade Commission anticipates. Convenience may be stronger as a patronage motive. Travel time and distance traveled figures are presented in Table 3 and 4. The maximum amount of travel time to reach a pharmacy appears to be 15 minutes and the distance traveled is up to 5 miles. Prescription consumers appear to want to wait up to 15 minutes to have their prescriptions filled in a pharmacy.

Pharmaceutical services with mean scores in a range between slightly important (4) and highly important (5) are listed in Table 5. The scores for these services are not necessarily significantly different from each other. A perusal of those services which respondents had indicated were slightly to highly important reveals that the wants of consumers are focused on three areas. First, it is quite evident from grouping the services that respondents want personalized professional contact with their pharmacists, e.g., they want pharmacists to verbally tell them how to take and store their drugs. Secondly, the respondents want convenience services, e.g., having the pharmacist available when they need him. Lastly, the respondents in the survey are wary of economics. They believe that providing prescription receipts, yearly receipts, explaining prescription pricing, and charge accounts are important.

In addition to summary analyses, consumer responses were crosstabulated by demographic and pharmacy characteristics. The significant results are reported in Tables 6 through 10. Females rated pharmaceutical services higher than males and were traveling further to reach their pharmacies. Older respondents rated pharmaceutical services higher than younger respondents and gave panel pharmacies higher service ratings than younger patrons. Moreover, they were willing to wait longer to have their prescriptions filled, took longer time to travel, and lived closer to their pharmacies.

There were trends in service scores, waiting time, travel time, and distance traveled when the data was crosstabulated by education and income. Higher educated and more well-off respondents ranked pharmaceutical services less important. In addition they wanted to spend less time in a pharmacy, travel less

(Continued on Page 27)



Quaint? Well, in the year 2052 A.D. how old-fashioned will today's pharmaceutical manufacturing facilities seem?

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0003170

MARKET RESEARCH

time to reach a pharmacy, and were located closer to a pharmacy. A number of store characteristics were significantly related to mean service scores. Pharmacy patrons patronizing chain pharmacies in shopping centers grossing over \$500,000 a year in sales rated pharmaceutical services less in importance than patrons of downtown, nonchain, small volume pharmacies. It is quite possible that this behavior was observed because many of the consumers patronizing high volume, chain type pharmacies have never experienced the pharmaceutical services described in the questionnaire.

In addition to determining attitudes towards pharmaceutical services, the questionnaire contained three evaluation questions. The results from tabulation data collected by these questions are presented in Tables 11 through 13. Prescription consumers rated the performance of the panel pharmacies on the delivery of important pharmaceutical services from good to excellent. However, these same respondents rated prescription prices average, and indicated they would be willing to pay \$.25 more per prescription to have these services offered.

Benefits of Consumer Questionnaire

Each pharmacy who participated in the study received a formal report detailing pharmacists scores, average scores for North Carolina and the average scores for consumers patronizing the pharmacy. Included with the report was an evaluation questionnaire for pharmacists to complete on the value of the questionnaire in their operations. In Table 14 are presented summary results for a number of evaluative questions. It appears that the questionnaires were successful in the eyes of the participating pharmacy managers/owners. The questionnaires can benefit many groups connected with the use or distribution of prescription drugs. Written comments from over 350 consumers received in the North Carolina study indicated that the consumers who were surveyed were excited about the availability of a mechanism which allowed them to voice their opinions on pharmaceutical services both anonymously and quickly. Prescription patrons who receive and complete the questionnaires might be rewarded when they observe their pharmacist

alters his mix of pharmaceutical services or his method of delivery in accordance with their recommendations. A consumer-pharmacist feedback communication system cannot help but contribute to an improved relationship between prescription drug consumers and pharmacists. It might also contribute positively to better consumer health care.

A number of advantages might be experienced by pharmacists who participate in the North Carolina Consumer Study. First, the questionnaires in themselves are an excellent public relations device. They serve as an effective communication system between pharmacists and prescription patrons. In addition the questionnaires serve as an instrument for educating consumers about the variety of pharmaceutical services a pharmacy offers, e.g., many of the consumers in the North Carolina study specifically mentioned that they never really knew what a pharmacy had to offer. They help explain to consumers how pharmaceutical services may cause variations in prescription prices between pharmacies.

As a market information collecting system, the questionnaire provide owners/managers with valuable information on their own consumer attitudes. Summary and statistical analyses of a pharmacy's returned questionnaires signal which services are important (and unimportant), how well the pharmacy performs in the delivery of these services, the size of the pharmacy's trading area, and the demographic characteristics of the store's prescription patrons. This information can be utilized by a pharmacy owner/manager to modify the content of services offered and/or how they are delivered. As a result of his actions, the pharmacy might experience a positive increase in sales because of an improved pharmacy image. Periodically the questionnaires could be redistributed to measure the effects of instituted changes. In time a pharmacy owner/manager could reach the optimum point at which his services satisfied the exact specification of his consumers.

The pharmacy profession, itself, could ultimately benefit from the data base created by the consumer questionnaires. For the first time, a health profession will have taken the innovative step of including consumers in decisions which directly affect their health. The

(Concluded on Page 28)

MARKET RESEARCH

grouped data generated by the questionnaires could be used to document for federal officials the value consumers place on various pharmaceutical services. Governmental agencies and third-party payers have been reluctant to offer financial incentives to pharmacists who render additional pharmaceutical services. Part of their arguments against incentives has been that they know little about consumer wants in the area of pharmaceutical services. Consumer responses to the questionnaire might provide documentation to help settle this argument. It is difficult to believe that third-party payers will ignore the results of the questionnaires.

Pharmacy could benefit in other ways. The use of the questionnaires would reveal to consumers that pharmacists are willing to listen, and are open to criticism and feedback. This will certainly be novel and innovative as far as health care services are concerned. Federal officials constructing new legislation will be more apt to listen to pharmacy leaders if they had a national consumer data base to reinforce their points.

Summary and Recommendations

This paper has described the results of a study utilizing questionnaires distributed in community pharmacies for the purpose of providing pharmacists with consumer feedback on how well they are performing and what consumers want in the way of services from their pharmacists. The results indicated that:

- 1) 60 percent of drugs purchased are used by the person obtaining the medication.
- 2) 79 percent of respondents have been patronizing the same pharmacy for greater than 2 years.
- 3) 84 percent of the respondents travel less than 20 minutes to reach a pharmacy.
- 4) 79 percent of the respondents travel less than five miles to reach a pharmacy.
- 5) 89 percent of the respondents will wait up to 15 minutes to have a prescription filled.
- 6) personalized, convenience, and economically oriented services are rated important by consumers.
- 7) sex, age, income and education, and store characteristics are related to consumer attitudes towards pharmaceutical services.
- 8) 84 percent of the respondents rated the panel pharmacies performance on the delivery of pharmaceutical services as good to excellent.
- 9) 40 percent of the respondents rated the panel pharmacy prescription prices good.
- 10) 31 percent of the respondents were willing to pay \$.25 more per prescription to have pharmaceutical services offered in their pharmacies.

Consumers are willing to volunteer their suggestions for improving pharmaceutical services. They recognize the benefits which can be achieved. Community pharmacies could benefit substantially by listening to what their consumers have to say. Questionnaires are a viable mechanism for obtaining consumer feedback and improving a pharmacy's operation.

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DEA LISTS COMMON VIOLATIONS

A spokesman for Compliance Division of the Drug Enforcement Administration (DEA) recently listed some of the problems encountered during investigations related to compliance with the Controlled Substances Act, as follows:

1. Failure to take the required biennial inventory was common. In some instances, the only inventory that had been taken was on May 1, 1971. In some instances, the biennial inventory was taken but on another unauthorized date.
2. The pharmacy's copies of order forms were not marked to show the date and/or amount of controlled substances received.
3. Pharmacies did not take the inventory for fast-acting barbiturates as required on January 1, 1974, following their being moved into Schedule II.
4. Prescriptions for Schedule II items were filed with non-controlled substances and were not marked with the red "C" as required.
5. Large overages and underages were found, indicating incomplete and/or improper recordkeeping methods.
6. In several pharmacies, it was noted that several doctors were writing continuously for large quantities of Schedule II drugs. There was no indication that pharmacists questioned the doctors, nor was there any indication that pharmacists had brought this to the attention of a regulatory agency.
7. In almost all of the pharmacies, it was noted that all employees have access to the pharmacy area.
8. In inspecting several hospital pharmacies, in addition to instances of the first seven items, violations were found regarding inadequate security for controlled substances and incomplete inventories to include floor stock.

DRUG STORE FOR SALE

Reaves Rexall Drugs, 216 Tallywood Shopping Center, Fayetteville, N. C. Call/Write L. E. Reaves, Jr.



Ginger L. Lockamy (left) is shown being inducted into the North Carolina Academy of Pharmacy by NCPHA President Eugene Hackney.

Mrs. Lockamy, a pharmacist and the wife of a pharmacist, is active in local, state and national pharmacy organizations.

The Academy of Pharmacy certificate is awarded following certification of 10,000 credit points of pharmacy and pharmacy related activity. Photo by Colorcraft.



OFFICERS OF THE WAKE COUNTY PHARMACEUTICAL ASSOCIATION—1977-'78 Left to right: Joe Rowe, president; Virginia Lockamy, vice president; Karen Barton, secretary; Elaine Watson, president-elect; Daryl Estes, treasurer; and Roger Crane, past president. Photo by Colorcraft.

YOU MAY HAVE MISSED THIS IN YOUR HISTORY COURSE

"The U.S.S. Constitution—Old Ironsides—as a combat vessel carried 48,600 gallons of fresh water for a crew of 475 men. This was sufficient to last through six months of sustained operation. Total evaporators installed—none. On August 23, 1779, the Constitution set sail from Boston. She carried 475 officers and men—48,600 gallons of fresh water, 7,400 cannon shots, 11,600 pounds of black powder, and 79,000 gallons of rum. Permission to harass and destroy English shipping was given. Making Jamaica on August 6th, she took on 620 pounds of flour, 68,300 gallons of rum. Then she headed for the Azores, arriving there on November 12th. She provisioned with 550 pounds of beef and 4300 gallons of Portuguese wine. On November 18th she set sail for England. In the ensuing days she defeated five British Men-of-War, and captured and scuttled twelve English merchant ships—salvaging only the rum. By January 27th her powder and shot were exhausted. Unarmed, she made a night raid at the Firth of Clyde. The landing party captured a whiskey distillery and transferred 40,000 gallons aboard by dawn. Then she headed for home. The U.S. S. Constitution arrived in Boston in February 1780 with no cannon shots, no food, no powder, no rum, no whiskey, no wine, 48,000 gallons of stagnant water."

—From the log of the U.S.S. Constitution—

HOW TO PRESERVE A HUSBAND

First use *care* in selection.

Get one that is *not too* young, but tender and healthy.

If you choose one recklessly it may not keep. Don't put in hot water. This makes them turn sour.

Sweeten with smiles and spice with patience. To insure a wonderful consistency, stir gently—never beat—

And don't leave unattended for long periods of time.

To add a delicious flavor, *sprinkle generously with praise and affection.*

Frequent exposure to cold temperatures has been known to damage this dish permanently.

Keep a small, steady flame going at all times.

The poorest specimen may be improved if these instructions are followed and will keep for an unlimited number of years in any climate.

(Submitted by Pharmacist Jerry Ellison of Winston-Salem who may or may not follow with "How to Pickle a Wife")

EXTERNSHIP CREDIT HOURS

Highlights of the N. C. Pharmacy Tripartite Committee meeting in Chapel Hill at the Institute of Pharmacy on June 20, 1977:

Expanded Academic Externship Program

Mr. Paoloni reviewed the structured, supervised program of 92L, the academic externship, emphasizing many aspects previously stressed at our last meeting. Some concerns were expressed by members relating to the selection of practitioner-instructors, and their relationship to the student. Committee members who serve as practitioner-instructors agreed the *Program Instructions* was a very important adjunct to the structure and strength of the program.

Allowable Hours of Credit by NCBP for Expanded Academic Externship Program

Copy of Dean Miya's letter of June 17, 1977, was distributed. (Copy attached to minutes). Dr. Work reported that the North Carolina Board of Pharmacy will meet tomorrow (Tuesday, June 21, 1977), and believes they will

Approve: 600 hours of externship credit for the Academic Externship Program, Pharmacy 92L, conditionally, in principle, for one to be reviewed again at the expiration of this year.

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North Carolina Senator Jesse Helms and his wife attended the NARD-sponsored Legislative Conference in Washington.

Pictured below is United States Representative Richardson Preyer (2nd from left) with Jesse Pike and Dr. and Mrs. David Work.

Mr. Pike is an officer of the NARD; Dr. Work is Secretary-Treasurer of the North Carolina Board of Pharmacy.



Detecting the burglar

by Thad L. Weber, Security Consultant, SK&F Laboratories

In preceding columns we noted that burglary is a crime of opportunity which you can prevent by an "I know I can" security attitude, physical barriers and locks that both discourage forced entry and deny the burglar an easy escape route, and alarm systems to deter or detect entry through weak physical barriers such as the ordinary glass in an entrance door, a lightweight party wall, a ceiling or the roof.

Now let's discuss the elements of a burglar alarm system which are suitable and efficient in a pharmacy environment.

The Sensing System

1. Contact Switches.

- a. Devices which detect the entry of an intruder through a movable opening such as a door, window, transom or roof hatch are variously known as alarm contacts, attachments or switches. The most common, least costly device in use is the magnetic switch. A simple magnet is glued or screw-fastened to the *movable* section adjacent to an electric switch attached to the fixed door or window frame. Movement of the magnet an inch or more away from the switch causes the switch to open or close and results in a change in electrical current flow over the wires connecting the switch to the alarm control unit—an alarm condition.
- b. Since windows and doors are the most common point of entry, each such accessible (easily reached from the ground or an adjacent roof)

opening should be equipped with an alarm device unless physical penetration of the opening is near to impossible.

2. Protection of Glass.

- a. Panels of window and entrance door glass, which are not listed by Underwriters' Laboratories as burglary-resistant and which are large enough to permit the passage of an intruder, should be "protected" by the use of electrical foil or vibration sensing devices.
- b. If there are many windows, vibration sensing devices may be the less costly approach; however, the physical condition of window frames should first be considered to make certain a high incidence of false alarms is not likely.

3. Interior Traps.

While the aforementioned devices may be necessary as a deterrent, they will not detect the professional burglar who plans his entry through walls, ceiling or floors. Thus an effective sensing system should include alarm devices which will detect the entry of the intruder (e.g., through a wall) or his subsequent movement inside the premises.

The efficient selection and placement of such devices is dependent upon an analysis of the individual pharmacy to pinpoint the following:

- location of drugs
- location of currency
- type of containers used to secure drugs or currency
- locations of high-value

inventory (shavers, jewelry, cameras, cigarettes, film, cosmetics, etc.)

- aisles or corridors most likely to be used by a burglar.

Once these factors are in "focus," the most appropriate detection devices may be applied:

a. *Contact switches* may be attached on interior doors separating storage areas from retail areas. Since the burglar entering through a wall in the rear of the premises will most likely pass through such openings, these protected points are highly efficient in a retail premises.

b. *Cabinet and safe doors* utilized for the storage of drugs and currency should also be equipped with contact switches, preferably concealed, where a wood or sheet metal-like enclosure is in use.

c. *Electrical floor mats*, exposed or concealed under carpeting and located in major aisles, behind high-value showcases in areas where drugs are dispersed, or in front of drug cabinets or safes are also highly effective and low in cost.

4. High-Risk Pharmacies: Interior Protection.

Some pharmacies stocking large drug supplies, accumulating sig-

nificant cash deposits, having major appliance or jewelry inventories, etc., may require more extensive interior protection, such as:

a. *Complete safe or drug cabinet protection* utilizing a proximity or capacitance alarm which is easily installed and senses the "touch" of the burglar against any part of the structure.

b. *A sound detection system* which "covers" the entire premises and reacts to the sounds of burglary (breaking glass, hammering on walls, speech sounds).

5. A Suggested Course of Action.

A burglar alarm sensing system should be tailored to the individual pharmacy environment and should be adequate to deter or detect—not overdesigned to suit, for example, a jeweler's needs. To reach this objective, the following steps are suggested:

a. Seek the advice of your police department crime prevention officer.

b. Obtain two or more written preliminary proposals from competent alarm contractors.

And—if in doubt—why not send us the problem? We'll reply promptly as a service of SK&F Pharmacy Security Services.

This column is provided as a professional service to pharmacists by Smith Kline & French Laboratories.

WOMAN'S AUXILIARY COMMITTEES MEET

The Minutes and Auditing Committees of the NCPHA Woman's Auxiliary met June 22 at the Institute of Pharmacy to review records of 1976-1977 activities. Serving on these committees were Mrs. W. Whitaker Moose, Mrs. W. Grover Creech, Mrs. Shelton Brown, Jr., Mrs. Robert B. Hall, and Mrs. Julius Howard. Meeting with them were Mrs. Milton Skolaut, former Recording Secretary, and Mrs. A. H. Mebane, III, Treasurer.

Joining them for lunch were members of the 1977-78 Executive Committee Mrs. Jerome K. Johnson, Mrs. Shelton B. Boyd, Mrs. B. Cade Brooks, Mrs. L. Milton Whaley, and Mrs. W. J. Smith. Absent were Mrs. Don Weathers, Mrs. T. M. Donnelly, and Mrs. M. E. Hedgepeth.

Business transacted by the afternoon session of the Executive Board, with President Rheta Skolaut presiding, included:

- Report by Mrs. Brooks on the Convention Treasure Hunt. \$900 was realized

from sale of contributed items, with \$300 being deposited to the Auxiliary Reserve Fund and \$600 to the Vivian S. Smith Scholarship Fund.

- Report by Mrs. Whaley that membership in the Auxiliary is now at 400.
- Appointment of Mrs. James L. Creech to serve as chairman of the Nominating Committee.
- Decision to publish a Cookbook as a fund raising project. (Mrs. G. Haywood Jones appointed Editor of the Cookbook.)
- Report from Whaley-Skolaut on a meeting which they attended in Raleigh June 23 on "Alcohol and Women." Alcohol Abuse and Misuse has been selected as the Auxiliary's service project of the year.

Future meetings are scheduled for September 9, 1977 and January 18, 1978, at the Institute of Pharmacy. The Fall Meeting is planned for October 28-29. Full details will be carried in the Newsletter and in the Carolina Journal of Pharmacy.

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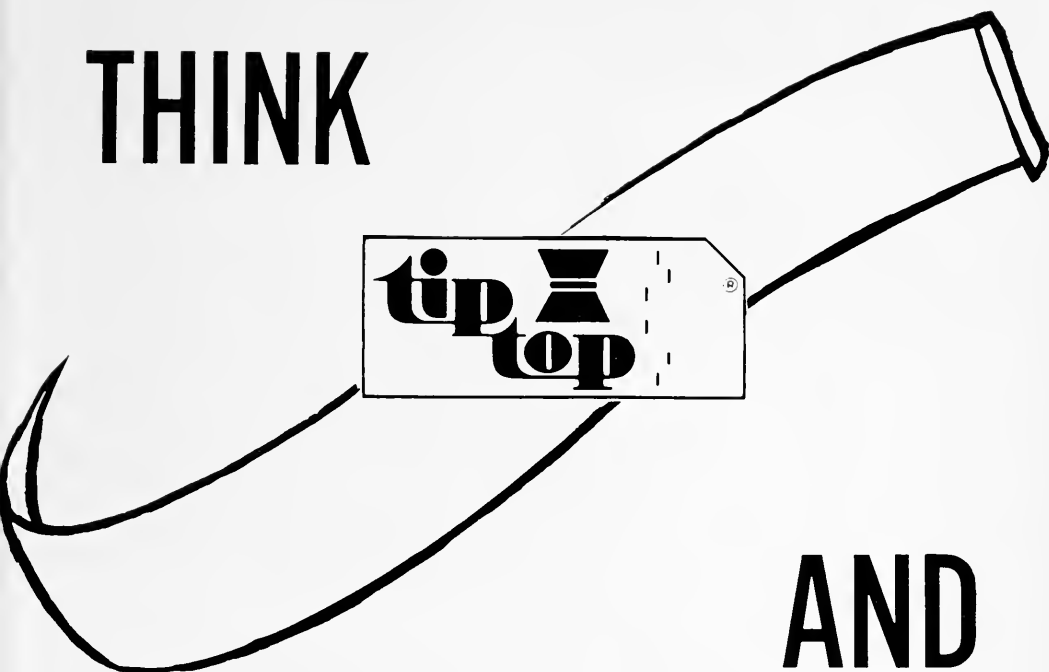
Two former members of the North Carolina Boards of Pharmacy—Jerry Price and Jesse Pike—have been honored for their Board service records and contributions to the advancement of North Carolina Pharmacy.

At a recent meeting of the Board, inscribed plaques were presented to Pharmacists Price and Pike.

TOP: The Price plaque was presented by his successor on the Board, Bill Adams of Wilson (right) with Board President David D. Claytor participating.

BOTTOM: Jesse Pike (center) displays his plaque following presentation by the pharmacist who succeeded him on the Board, Whitaker Moose (right) of Mount Pleasant. President Claytor lauded Pike for his service to pharmacy at the state level and at the national level as an officer of the NARD.

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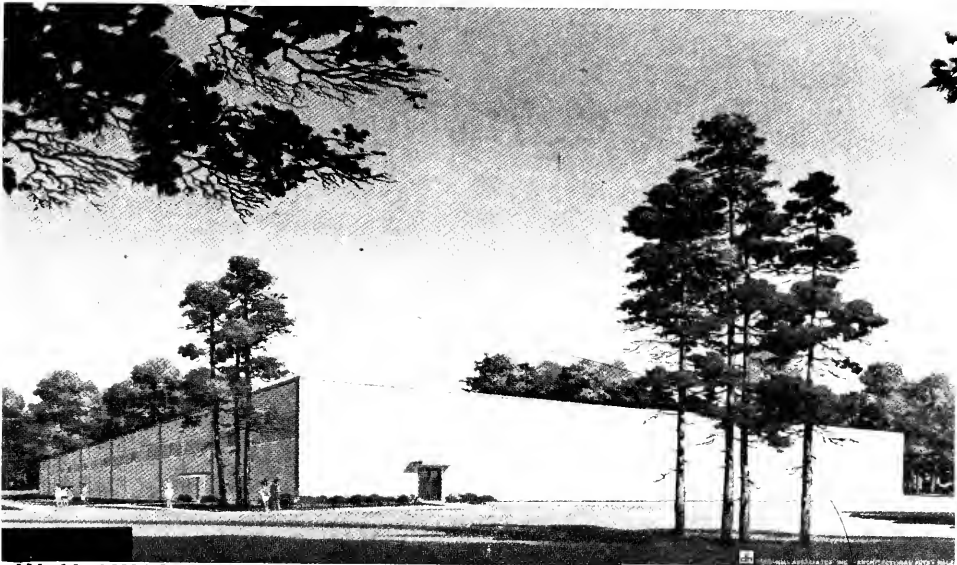
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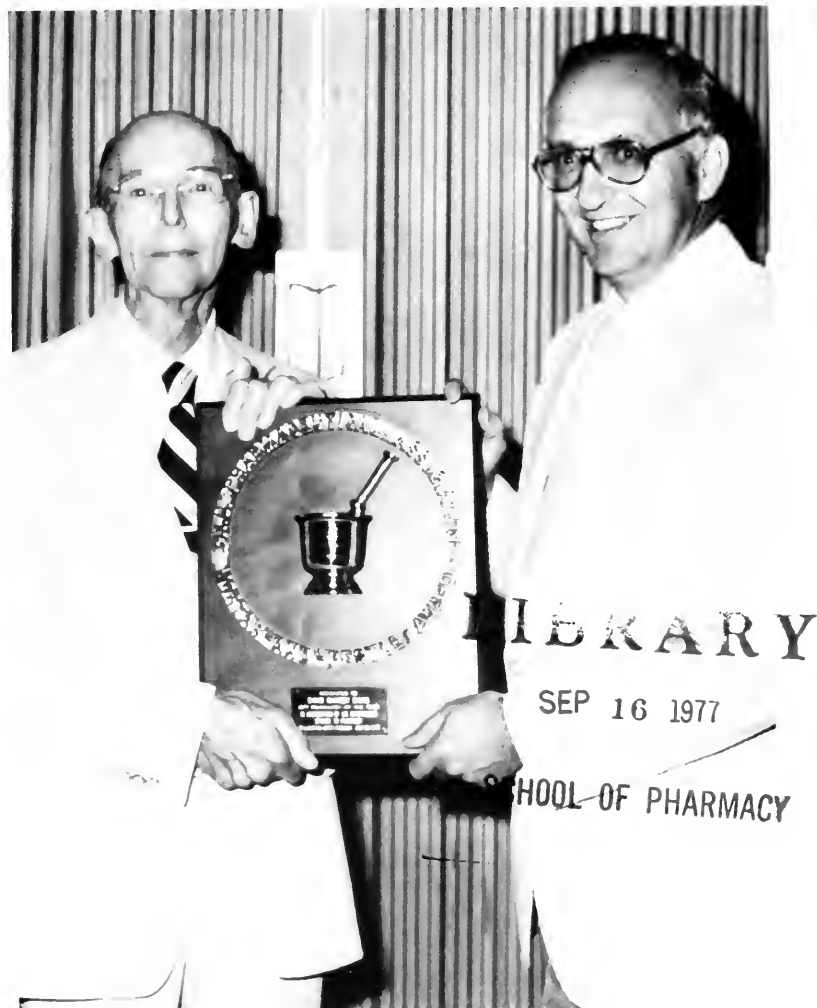
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VOLUME 57

SEPTEMBER 1977



David R. Davis (left), Williamston Pharmacist, named 1977 Pharmacist of the Year by the North Carolina Pharmaceutical Association, is shown with NCPHA Past President Tom Burgiss, who presented the Association's Mortar & Pestle Plaque to Mr. Davis at a dinner in Williamston in July. Details page 11. Photo by Colorcraft Corporation.



The one the patient takes is never tested.

Surprising, perhaps, but it makes sense when you think about it. Obviously, the actual dose of any prescription drug the patient takes cannot be tested because it would have to be broken down for analysis—after which it could never be used by a patient.

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SEEKS ASSISTANCE FOR VISUALLY IMPAIRED/BLIND DIABETIC

The American Diabetes Association's Committee on Therapeutic Agents and Devices is undertaking a project to prepare a list of syringes and syringe devices designed to help the visually impaired or blind diabetic in the measurement of insulin.

If you are familiar with any such device, or have even "improvised" a method to help diabetics measure insulin accurately, please write to me, giving the name of the product (or description of the improvised method) and the name and address of the manufacturer. It is not necessary to send a sample of the device, but if you are able to do so, I will be glad to return it promptly.

Peggy Gebhardt, R.Ph.

120 Carol Street

Carboro, North Carolina 27510

ANDREWS FUND ESTABLISHED

R. Homer Andrews, Burlington pharmacist and former member of the Alamance County Board of Commissioners, has established a \$10,000 scholarship fund at Elon College in memory of his wife and son.

Income from the Nina and Dickie Andrews Scholarship Fund will be used to provide annual scholarships for needy and worthy students, preferably from Alamance County.

Mrs. Andrews died last year. Their son, Dickie, died a number of years ago while in his early teens.

CLOSE CALL FOR KIRK HARDEE

In late July a man armed with a .25 calibre automatic pistol walked in Hardee's Pharmacy, Charlotte, pointed the gun at Pharmacy A. Kirk Hardee, and demanded CS drugs.

The robber pulled the gun's trigger but the gun didn't fire.

Hardee said he had been open since 1941. "We've had break-ins at night before but this was the first robbery. I hope it is the last."

SENTENCED FOR TAX EVASION

Steven Vance Harrison, former operator of Cove Pharmacy, Walnut Cove, pleaded guilty

to one count charging him with income tax evasion and was sentenced to a 14-months prison term to run concurrently with a sentence he is serving for a federal firearms violation.

The indictment said that during 1973, Harrison reported taxable income of \$6,506.04 and a tax of \$1,099.24. His correct taxable income for that year was \$43,808.35 with a tax of \$12,380.64.

According to IRS, additional tax due, including penalties, for the years 1970-73 total \$112,664.95.

NORTH CAROLINA WHOLESALE DRUGGISTS ORGANIZE

With growing concern over the changes taking place in the delivery of health care and with a desire to have a voice in the decision-making process, the wholesale druggists of North Carolina have organized the North Carolina Pharmaceutical Wholesalers Association.

In attendance at an organizational meeting in Raleigh on July 19th were representatives of all the state's wholesale drug firms. Guests present included William N. Hilliard, Executive Director of the N. C. Medical Society; W. J. Smith, Executive Director of the N. C. Pharmaceutical Association; and J. H. Hudson, Manager, Public Affairs, Eli Lilly and Company.

Officers elected were Frank S. Smith, III of Asheville, President; C. Rush Hamrick of Shelby, Vice-President; and William H. (Bill) Brewer of Greensboro, Secretary-Treasurer.

Plans are underway to complete the non-profit organization through adoption of appropriate by-laws.

TMA MEMBERSHIP LIST

The current TMA membership list, appearing on pages 25/35, may be detached for cardboard mounting and ready reference as the need occurs.

CHANGES IN THE PHARMACY PROGRAM

Effective Fall, 1978

The School of Pharmacy of The University of North Carolina at Chapel Hill is changing its enrollment procedure for entry into the B.S. in Pharmacy Curriculum beginning the Fall Semester of 1978. Under the current procedures, undergraduate students have been enrolled in the School of Pharmacy through two separate programs:

- (1) *1-4 Program*: Students complete one year in the General College and four years in the School of Pharmacy. Students are considered for admission to the School of Pharmacy early in their freshman year. This has been the primary source for admission.
- (2) *2-3 Program*: Students complete two or more years of study in the General College and three years in the School of Pharmacy. This has been an optional source of admission for a few select students as space permitted.

Beginning the Fall of 1978, the *1-4 Program* will be discontinued and students will be enrolled only in the *2-3 Program*. This means that students will not be admitted to the School of Pharmacy until they have completed two years of college, including certain specified courses. Students will be considered for admission during their sophomore year rather than their freshman year in college. The primary reasons for this change are as follows:

- (1) The quality of student selection into the Pharmacy Program will be improved because applicants will be more mature, applicants will have had more science courses upon which to base their decision to pursue a career in pharmacy, applicants are expected to be better disciplined and more competitive.
- (2) There will be a better opportunity to consider students from all colleges and universities within the State of North Carolina since all qualified students will be competing for a single entry-program.
- (3) The professional curriculum will be enhanced because all basic-science courses

must be completed before being accepted into the pharmacy curriculum and more emphasis can then be placed on the professional pharmacy courses.

EFFECT OF CHANGES IN THE PHARMACY CURRICULUM ON ENROLLMENT PROCEDURES

- A. *Students Currently Enrolled at UNC-CH*: The admission process at the School of Pharmacy will remain the same except that the students will apply to the School of Pharmacy during their *sophomore year*, rather than their freshman year.

NOTE: Students who are enrolled at UNC-CH as freshmen may indicate an interest in pharmacy on their initial application but this will not guarantee them admission into the pharmacy curriculum. This is *not* a change in policy. The change being implemented is more consistent with general University policy for students declaring majors; students are generally asked to declare majors beginning their junior year. Students not accepted into the School of Pharmacy will be notified during Spring Semester of their sophomore year and should not have problems with regard to choosing another major.

- B. *Transfer Students*: The admission process will remain the same, in that prospective students must apply through the Office of Undergraduate Admission for transfer into the School of Pharmacy. The only change is that students will apply during their sophomore year, rather than their freshman year.
- C. *Application Deadline*: Applications must be received by *January 1* of the year in

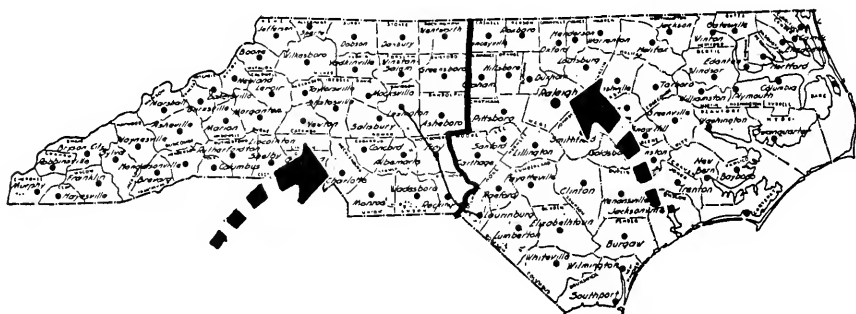
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STORE DESIGN

532 HARVARD ST.
RALEIGH, N. C. 27609
(919) 787-0516

SUGGESTION: DO NOT ACCEPT ASSIGNMENT ON MEDICARE CLAIMS

Dear W. J.:

The instance you described regarding Medicare payment for a wheel chair is very similar to the experiences we had which caused us to make it a policy not to accept assignment on Medicare Claims. If you would like a lot of detailed information on Medicare coverage of durable equipment I would suggest that you contact Mrs. Mary Northington at the Prudential Medicare office in High Point.

There are many things which affect the allowable charge for an item. Some, the individual pharmacist has no control over, such as the prevailing charge over the state, and the fact that Prudential's allowable is based on prevailing charges for 1976.

There are some things over which he has some control, such as the way in which the claim is filed, and getting medical justification for the item furnished. I will enclose a copy of the Durable Medical Equipment Certification Form. It is very important that the description of the claim form specify all special features, and then that the Certification Form verify the medical necessity for each of these features. Any supplier can request a print-out of the prevailing charges and his customary charge on any items he normally supplies, and for which they have a customary charge for him.

To answer your question about what this pharmacist should do, my only advice would be to decline to accept assignment on Medicare claims, and just file the claims in the future for reimbursement to the patient. One other reason for doing this is that by accepting assignment you automatically agree that you will settle for whatever is determined to be the allowable charge, and are prohibited by law from collecting any balance due from the patient.

There are companies (the only ones I know of are in other parts of the country) which are doing well on equipment supplied on assignment of Medicare payment, but they must be able to keep someone working on it full time in order to assure that there are up-to-the-minute records, and to follow up on late payment.

I am not aware of the reduction in allowable for wheel chairs, the problem may have

been in the description given on the claim.

Hope this will be of some help to you. I would suggest that anyone who really wants the complete story on Medicare contact Prudential and arrange to go to their office for a briefing.

George McLarty
McLarty Drug Company
High Point, NC

BACKGROUND

A NCPHA member supplied a wheelchair to a Medicare patient who, due to loss of both legs, required a chair with removable sides (could not get into regular type wheelchair).

Cost of the wheelchair to the pharmacist was \$216.00. The pharmacist billed Prudential for \$250.00. Prudential cut the bill to \$150.00. Later, a review board, increased payment to \$200.00 or \$16 less than the pharmacist paid for the wheelchair.

We asked Mr. McLarty, one of the largest dealers in medical accessories in the state, to comment on Medicare claims. Here is his recommendation.

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TAR HEEL DIGEST

BURGAW

Following completion of a surgical appliance workshop in Cincinnati, Ohio, Pharmacist Norwood Blanchard, Jr. took the NARD board examination for certification as a surgical appliance fitter. Blanchard is owner/manager of Pender Drug Center.

DURHAM

Revco Drug Store, 1114 Broad Street. A woman is reported to have walked out of the store with a rented rug shampooer and left behind a fake address (empty lot). The shampooer was valued at \$150 and rents for \$2 a day.

MOUNT AIRY

Eckerd's Drug Store, 101 West Lebanon Street. A break-in at the pharmacy was foiled by police who arrested three men.

DANBURY

Stokes Pharmacy of Danbury, to be located opposite Stokes-Reynolds Memorial Hospital, will be established by Pharmacists O. O. Grabs and J. C. Perkins. Initially, the pharmacy will be located in a trailer.

AHOSKIE

People's Drug Store. Two Durham men have been charged with allegedly forging the signatures on Duke University Medical Center prescriptions for CS drugs and attempting to have the Rx's dispensed by pharmacists at People's Drug.

OXFORD

Pharmacist J. B. Clay of Hall's Drug Store has been installed as the 55th president of the Oxford Rotary Club.

STATESVILLE

Approximately \$4000 worth of drugs were taken from Revco Drug, NC 15 North, after thieves entered the pharmacy through a 3x3 hole in the west side of the building.

SMITHFIELD

Pharmacist Jim Parker, by catching a bass weighing seven pounds and four ounces, won the July competition sponsored by Johnston County Bassmasters. Parker won the club's 1976 "Mr. Bass" award for the best overall performance and he is currently ahead in the 1977 competition.

CHARLOTTE

Eckerd's Drug Store, 3740 East Independence Blvd., effective July 29, has announced a 24-hour daily schedule. It is the first Eckerd store to be open 24 hours a day, 7 days a week. A pharmacist will be on duty during the entire time the store is open.

LEXINGTON

Eckerd Drug Store, Lexington Shopping Center. CS Drugs valued at between \$700 and \$800 taken in a break-in.

RIEGELWOOD

Creekmore Pharmacy. To get at a \$21.95 watch, an unknown party removed a lock in a storage room, crawled thru an air conditioned line and tore out part of the ceiling prior to dropping inside the pharmacy.

GREENSBORO

Rite Aid Drug Store, 2140 Lawndale Drive. Roof-top burglars make off with 1350 Valium, 900 Librium, 600 Amytal and a large quantity of Quaalude, Preludin, Dermerol and Codeine Tablets.

CONCORD

Mitchell Watts, Medical Center Pharmacy, was the recipient of a plaque in recognition of the pharmacy's recently dispensed Rx #1,000,000. Ed Irwin of Pfizer Laboratories presented the plaque which included a barometer and a thermometer.

How to keep tabs on all the inventory you can shake a stick at.



Not long ago, we introduced one of the most advanced inventory control systems ever developed: Datarex 74.

It was, and is, incredible.

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What's more, it's as simple to operate as a cash register: just punch up the product number on any item that needs ordering.

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DAVID R. DAVIS

1977 PHARMACIST OF THE YEAR

(Reprinted from The Williamston Enterprise)

Amidst a crowd of family, friends, local supporters and fellow pharmacists, David Ramsey Davis received the North Carolina Pharmaceutical Association's "Pharmacist-of-the-Year" award at a special dinner held at the Town and Country Restaurant on July 22, 1977. The actual award presentation was made by Tom R. Burgiss, immediate past-president of the North Carolina Pharmaceutical Association.

Davis, who owns and operates Davis Pharmacy on Main Street in Williamston, has been a resident of Williamston since 1932 when he came to the area from New Bern. He is married to the former Edith Peel and they have three children, David Davis, Jr., local pharmacist, Mrs. Elizabeth Davis Clayton, and Mrs. Mary Davis Mallory, all of whom were recognized at the dinner. Among the many pharmaceutical organization posts which have been held by Davis are: President of the Northeastern Carolina Pharmaceutical Society, Director and Vice President of the North Carolina Pharmaceutical Research

Foundation, member of North Carolina Academy of Pharmacy, Life member of the North Carolina Pharmaceutical Association, 1963 recipient of Bowl of Hygieia Award. He is also the sponsor of the Buxton Williams Hunter Medal at the University of North Carolina Chapel Hill, School of Pharmacy, of which he is a graduate.

The actual award ceremonies followed a roast beef dinner and cocktail period and were presided over by North Carolina Pharmaceutical Association President Eugene W. Hackney. Williamston Mayor Robert H. Cowen greeted the guests at the event and spoke of many unrecorded community events which have happened at the Davis Pharmacy. Other tributes were paid to David by Dr. L. Sidney Christian, local optometrist, who spoke of his professional and personal enthusiasm, Reverend James Horton, who spoke of Davis' devotion to God and his church, and the Executive Director of the North Carolina Phar-

(Continued on Page 13)



Mr. and Mrs. David R. Davis are shown with the "Pharmacist of the Year" Mortar and Pestle award presented to Mr. Davis by the North Carolina Pharmaceutical Association. Photo by Williamston Enterprise.



Pharmacist of the year program participants—left to right: Eugene W. Hackney, President of the NCPHA; Dr. Sidney Christian, Tom Burgiss, Immediate Past President of the NCPHA; Davis; W. J. Smith, Executive Director of the NCPHA; the Rev. James Horton; Robert H. Cowen, Mayor of Williamston; and Joe Minton, President of the Northeastern Carolina Pharmaceutical Society. Photo by Colorcraft.



Mr. Davis (Center) is shown with former Pharmacists of the Year, left to right, B. Cade Brooks (1976); Hoy A. Moose (1969); W. B. Gurley (1958); J. C. Jackson (1961) and B. R. Ward (1970). Photo by Colorcraft.

PHARMACIST OF THE YEAR

maceutical Association, W. J. Smith, who spoke of Davis' early beginnings in pharmacy and the value of a pharmacist the calibre of Davis.

The "Pharmacist-of-the-Year" Award recognizes individuals for distinguished service in the fields of pharmacy, community involvement and public health. In addition to his involvement with pharmacy, Davis has numerous credits for work with community organizations. Among them are the following: Secretary-Treasurer and Vice President of Laymen of Episcopal Diocese of East Carolina; vestryman for 28 years at the Church of the Advent in Williamston; past president of the Williamston Kiwanis Club; Carolinas Kiwanis District Lt. Governor; member of the County Board of Health for 28 years and chairman for 5 years; trustee of the Regional Library Board and Director of Martin Memorial Library; director of the United Fund; and director of the Coastal Plains Heart Association.

Davis' twin sisters, Misses Caroline Davis of New Bern and Frances Davis of Washing-

ton, D. C., and brother, Robert of New Bern, were present to see their brother honored.

While the dinner was in progress, Ruffin Horne of Fayetteville was recognized. Following graduation from the UNC School of Pharmacy in 1926, Mr. Davis first accepted employment with Horne's Drug Store of Fayetteville. Later, in referring to his association with the outstanding pharmacy, he mentioned the devotion of young Ruffin (then eight or nine years of age) to his grandfather, H. R. Horne, the pharmacy's founder. Thus the dinner provided a reunion to two friends which extended over a fifty year period.

A friend of Mr. Davis, when asked to evaluate his professional and public service record of more than fifty years, said: "He always plucked a thistle and planted a flower where he thought a flower would grow."

And this tribute, written by Jeremy Taylor, to Mrs. Davis who made it all possible:

A good wife is heaven's last, best gift to men; his gem of many virtues; her voice is sweet music; her smiles his brightest day; her industry his surest wealth and her economy his safest steward.



A. E. P Tablets \$22.50 per 1000
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ARE YOU UP-TO-DATE ON PRICES,—RETAIL AND WHOLESALE? This microfiche service allows you to view a fiche through a compact viewer. A fiche the size of 4x6 file card can provide you information on up to 30,000 items, listed alphabetically and up-dated twice a month. Another fiche will be supplied listing items by SWDC stock re-order number. Many other features, such as free goods, specials, new items, price changes, deal contents and unit dose, all listed separately in groups for easy retrieval. Also available, Drug Interaction and Blue Book fiche.

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STATE BOARD OF PHARMACY

Members—W. R. Adams, Jr., Wilson; David D. Claytor, Greensboro; Harold V. Day, Spruce Pine; W. Whitaker Moose, Mount Pleasant; W. H. Randall, Lillington; David R. Work, Secretary-Treasurer, P. O. Box 471, Chapel Hill, N. C. 27514

NEW PHARMACIES

1. Revco Discount Drug Center, 912 Sunset Avenue, Clinton. Ronnie D. Myers, pharmacist manager.
2. Revco Discount Drug Center, 817 South Main Street, Kernersville. James C. Morrison, pharmacist manager.
3. King Drug Company Inc. #2, 7812 Fairview Road, Charlotte. Michael Dente, pharmacist manager.
4. Kroger Sav-On, 600 Greenville Blvd., Greenville. Al Worth Benthall, pharmacist manager.
5. Hyde Park Pharmacy, Inc., Highway 264, Swan Quarter. Edwin L. O'Neal, pharmacist manager.

TRANSFER

1. Professional Prescription Center, 2105 Enterprise Road, Greensboro. Donna Soyers, pharmacist manager.
2. Kings Mountain Drug Company, 209 South Battleground Avenue, Kings Mountain. Howard P. Lutz, pharmacist manager.
3. Wright's Drug Store, Corner of Main & 4th Streets, Tabor City. Russell D. Wright, pharmacist manager.
4. The Medicine Shoppe, 627 East Broad Street, Rockingham. Paula C. Haines, pharmacist manager.
5. Hall's Drug Store, 421 Castle Street, Wilmington. Samuel A. Flint, Jr., pharmacist manager.
6. Clow Drug #4, 100 West Main Street, Wallace, Edgbert R. McLemore, Jr., pharmacist manager.

INSTITUTIONAL

1. Hickory Memorial Hospital Pharmacy, 219 North Center Street, Hickory. William R. Long, pharmacist manager.
2. Scotland County Health Department LSP, 1226 South Main Street, Laurinburg. William L. Frostick, pharmacist manager.

RECIPROCITY

1. Danner S. Abernath from South Carolina
2. Lee James Barker from New Mexico
3. Linda R. Griffin from Massachusetts
4. Thomas D. Hesson from Ohio
5. Winfred E. Lesh, Jr. from South Carolina
6. Stephen P. Northrup from Michigan
7. David C. Sander from Ohio
8. Rita R. Smith from Mississippi
9. Leroy D. Werley, III, from Virginia
10. Russell William Womack from Georgia
11. Brooks F. Wood, Jr., from New York

BILL WILSON NAMED MEMBER OF SQUIBB'S ADVISORY COUNCIL

W. H. (Bill) Wilson of Raleigh, a past president of the N. C. Pharmaceutical Association, has accepted an invitation to join the Squibb Advisory Council.

As a member of the Council, which meets annually at Squibb's home office in New York, Mr. Wilson will have an opportunity, along with seven other pharmacists, to become familiar with Squibb's operation and to suggest appropriate ways that Squibb might improve its image and products.



Geigy stands behind every drug it makes

Stock with assurance. Dispense with insurance.

Geigy Pharmaceuticals shall indemnify and hold harmless any pharmacist, or his employer, against any product liability suit arising as a result of the pharmacist dispensing a **Geigy** product.

This indemnification shall include the payment by **Geigy** Pharmaceuticals of all reasonable expenses and attorneys' fees incurred by the pharmacist, or his employer, in connection with said law suit, and the assumption by **Geigy** Pharmaceuticals, where appropriate, of the defense of the action through its own attorneys.

This agreement by **Geigy** Pharmaceuticals to indemnify and hold harmless, as set forth above, is expressly conditioned upon the pharmacist, or his employer, im-



and every pharmacist who dispenses it.

mediately notifying the Company of any claim, demand, or the service of any complaint. This agreement is further expressly conditioned on the pharmacist, or his employer, providing full cooperation to the Company, including complete access to all relevant records, and on **Geigy** Pharmaceuticals having complete control over the conduct and disposition of any claim, demand, or law suit.

This agreement is not applicable if **Geigy** Pharmaceuticals determines that there is evidence of any improper or negligent statement or act, or omission to act, by the pharmacist, or his employer, or if **Geigy** Pharmaceuticals determines that there is evidence that the product has not been properly stored or properly dispensed.

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Division of CIBA-GEIGY Corporation
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STANTONSBURG PHARMACIST L. KENNETH EDWARDS, JR. TO VISIT RICHMOND AS GUEST OF A. H. ROBINS

North Carolina will be represented by L. Kenneth Edwards, Jr. of Stantonburg when A. H. Robins Company salutes 1977 recipients of its "Bowl of Hygeia" Award October 9-11 at its Richmond headquarters.

Robins sponsors the award to recognize outstanding community service by pharmacists. This will be the 15th year that the company has played host to winners from the United States, Puerto Rico and Canada.

Highlight of the salute will be a reception and banquet at which the top leaders of pharmacy will be special guests. The program also will include tours of Robins' manufacturing plant and research center and sight-seeing trip to Williamsburg, the restored colonial capital of Virginia.

In addition to their visit to Richmond, U. S. award winners will be featured in a special full-page advertisement which Robins will sponsor in the October issues of the Journal of the American Pharmaceutical Association and the NARD Journal. The ad will include photographs of the 1977 recipients and indicate that they have been cited for outstanding service to their respective communities.

Edwards is the 19th North Carolina pharmacist to receive the award which is presented annually through the North Carolina Pharmaceutical Association. Previous recipients were Harold Vann Day of Spruce Pine, in 1959; Ralph R. Rogers, Jr. of Durham, in 1960; William H. Randall of Lillington, in 1961; Charles D. Blanton, Jr. of Kings Mountain, in 1962; David R. Davis of Williamston, in 1963; John T. Henley of Hope Mills, in 1964; Jesse Miller Pike of Concord, in 1965; John E. Mills of Mount Airy, in 1966; William Whitaker Moose of Mt. Pleasant, in 1967; Roger H. Sloop of Rural Hall, in 1968; Thomas R. Burgiss of Sparta, in 1969; Mrs. Marsha H. Brewer of Pink Hill, in 1970; Edwin R. Fuller of Salisbury, in 1971; Lloyd M. Whaley of Wallace, in 1972; Lloyd M. Senter of Carrboro, in 1973; James L. Creech of Smithfield, in 1974; B. Cade Brooks of Fayetteville, in 1975; and W. Prentiss O'Neal of Belhaven, in 1976.

BE WARY OF CASH IN ADVANCE DEALS

A wholesale firm in New York distributed 18,000 catalogues to various retailers, some in North Carolina according to a member of the NCPHA.

The catalogue prices of brand name merchandise were below customary wholesale prices. The minimum order was \$250 with 25% of this to be sent with order, balance COD.

The United States Postal Inspection Service has issued arrest warrants for the principals involved due to non-delivery of ordered merchandise.

A good policy to follow: Prior to sending cash in advance, be certain you know the reputation of the firm or principals involved.

One NCPHA member, in attempting to establish the reliability of the firm, called and was informed: The telephone has been disconnected.

Same member reports there is a mushrooming of the use of telephone sales to pharmacies. Here again, if you know the call to be legitimate, OK; otherwise, stick to those you know.

AUXILIARY PLANNING SESSIONS HELD

The Handbook Revision Committee of the Woman's Auxiliary met at the Institute of Pharmacy on July 27th. Mrs. George Cocolas serves as Chairperson, with Mrs. John Henley and Mrs. M. E. Hedgepeth as members. Mrs. Milton Whaley, as an advisor, also meets with this committee.

The newly formed Cookbook Committee of the Woman's Auxiliary met at the Institute of Pharmacy on July 27th for the first time. Mrs. G. Haywood Jones, as Editor and Compiler, outlined the work of the committee for the year. Mrs. Jerome Johnson and Mrs. Lamar D. Morse from the Raleigh Chapter attended. The members of the Raleigh Chapter will be responsible for typing the recipes. Mrs. Jean Gagnon was not able to attend from the Chapel Hill Chapter, but Mrs. Milton Whaley and Mrs. Milton Skolaut represented the group who will proof the recipes. Mrs. Whaley will serve on the committee as Business Manager.

Y PROCLAIMS MAN SUFFRAGE

ertificate of Ratification
His Home Without
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I Movies of Ceremony,
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NGTON, Aug. 26, 1920—
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NEW WORLD HOPE

resident Hails 'Great
strument of Peace,'
Insists It Be Used

STORIC LANDMARK

eting Gives Standing
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ictures Peace Gain

Social Security Bill Is Signed; Gives Pensions to Aged, Jobless

Roosevelt Approves Message Intended to Benefit 30,000,000
Persons When States Adopt Cooperating Laws—He Calls
the Measure 'Cornerstone' of His Economic Program.

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution
is Sent to House, Where
Passage is Expected

WASHINGTON, March 10,
1971—The Senate approved
today, 64 to 0, and sent

WASHINGTON, Aug. 14, 1935—
The Social Security Bill, providing
a broad program of unemployment
insurance and old age pensions,
and counted upon to benefit some
20,000,000 persons, became law
today when it was signed by President
Roosevelt in the presence of
those chiefly responsible for
bringing it through Congress.

Mr. Roosevelt called the bill
"the cornerstone of my economic
program," and said it was "the
most important piece of legislation
in my life."

the Draft Ends Now

WASHINGTON, Jan. 27,
1973—"With the signing of
the peace agreement in
Paris today, and after receiving
a report from the Secretary of
the Army that



"If we fail to use it," he declared
to the solemn final meeting of the
delegates, "we shall betray all of
those who have died in order that
we might meet here in freedom and
safety to create it."

"If we seek to use it selfishly—for
the advantage of any one nation or
any small group of nations—we
shall be equally guilty of that betrayal."

Fervent Interpolation

The President, speaking in the
auditorium of the War Memorial
Opera House, built in memory of
sons of the Golden Gate city who
gave their lives in the first World
War, in which he himself served,
seemed to give unconscious expression
to the solemn feeling of the
occasion when, at the outset of his
speech, he interpolated the words,
"Oh, what a great day this can
be in history!"

Just before the plenary session
the President recommended that
the delegates should meet in the
auditorium of the War Memorial
Opera House, built in memory of
sons of the Golden Gate city who
gave their lives in the first World
War, in which he himself served,

PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

PMA

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convince your customers.**

- No selenium, sulfides, tar, resorcinol, free sulfur or salicylic acid.
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- Double-blind tests with "severe dandruff" cases demonstrated a reduction in dandruff flakes in about 80% of the cases*.
(And no shampoo was superior.)

* Data on file, Lederle Laboratories

Zincon
dandruff
shampoo

CLINICALLY PROVEN

leaves hair
clean & easy
to manage

Net 4 fl. oz.

- Does not cause dry or oily hair.
- Can be used on tinted or natural colors including gray.
- Contains finest hair conditioners: leaves hair clean and easy to manage.



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If you are interested in giving ZINCON® Dandruff Shampoo a trial, at our expense, send in a written request on your store stationery and we will forward one 4 oz. bottle to you.

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UNC PHARMACY SCHOOL

LABOR DEPARTMENT RULES ON PHARMACY STUDENTS

The administrator of the Wage and Hour Division of the Department of Labor has responded to an inquiry from the American Association of Colleges of Pharmacy. The decision exempts clinical pharmacy and other professional experience curricular components from the usual definition of employer-employee relationships. Some pharmacy colleges have been hindered in implementing clinical instruction because of minimum wage and other labor law requirements. The new ruling will effect Wage and Hour Offices across the country.

The relevant parts of the letter state: "In our view, students who, as part of their pharmacy curriculum, choose to take these 'externship' courses, which are a part of the educational opportunities provided them, are engaged in work which is of such predominant benefit to the student that, generally speaking, we would not assert that an employer-employee relationship exists with either the hospital pharmacy or the community pharmacy. However, where an individual is serving in an after-graduation *internship*, an employment relation would certainly exist between the graduate intern and the employing pharmacy." This indicates that post graduation pharmacy work experiences are subject to minimum wage provisions.

Furthermore, the Administrator has clarified the Supreme Court decision in *National League of Cities v. Usury*, 426 U.S. 833 (1976) as follows: "To the extent that this decision affects pharmacies operated by State or local government hospitals, employees of such institutions are no longer subject to FLSA's minimum wage or overtime provisions."

This letter should clear up misunderstandings in several of the Wage and Hour Division's District offices around the country. Copies of the letter will be forwarded to each AACP school in the U. S. and it may be used to correct misunderstandings with the local Labor Department officials or to give added

assurance to hospital and community pharmacists that they do not have to pay minimum wages to students enrolled in credit courses.

State labor laws may have different requirements.

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HEALTH PLANNING, NORTH CAROLINA AND PHARMACY

by

Steven R. Moore, Department of Health Administration
School of Public Health, University of North Carolina
Chapel Hill, North Carolina

When the topic of health planning is mentioned in regard to pharmaceutical services, even the health planner might appear to hesitate in an area which has usually remained outside the perspective of health planners. So much has this topic been ignored even by pharmacists that published background material is somewhat deficient. In a scan of "Medline" and *International Pharmaceutical Abstracts*, only three articles were found in cross referencing health planning and pharmaceutical services. Though it is quite possible that this could be a result of bias on the part of the programmers, subsequent searches in other bibliographic sources yielded no published materials. Little real attention has been focused on pharmacy services in previous national planning attempts (such as Comprehensive Health Planning or Regional Medical Program) and although the wording of Public Law 93-641 (the National Health Planning and Resources Development Act) scope of the planning certainly makes inclusion of pharmacy implicit in the intent.

The public need for pharmacy services as a separate and distinctive practice of the medical field has been mandated by decades of existence by pharmacy boards as licensing and certification agencies of the respective states. With the increasing intricacy of the medical field, and the accompanying growth of technology related to the use of medication in patients, the need for specialists in drug composition and usage continues to grow. As the Millis Commission has pointed out,

"The Study Commission recognizes that among deficiencies in health care system, one is the unavailability of adequate information for those who consume, prescribe, dispense and administer drugs. This deficiency has resulted in inappropriate drug use and an unacceptable frequency of drug-induced disease. Pharmacists are seen as health professionals who could make an

important contribution to the health care system of the future by providing information about drugs to consumers and health professionals. Education and training of pharmacists now and in the future must be developed to meet these important responsibilities."

One area of direct and measurable effect by pharmacy services involves the problem of drug interactions. While as many as 5% of all hospital admissions are probably a direct result of drug induced illness, as many as 20% of all hospital patients may well require extended periods of hospitalization due to drug induced problems. These quantifiable totals may well tell only a small picture of the overall effect of untoward or inappropriate drug usage. The dollar effects of this particular problem may well be staggering.

There are, however, several reasons why the inclusion of pharmacy and its potential for decreasing untoward situations as described above have not become a topic of interest in health or planning circles. First, the pharmacist is not by nature a political animal and has thus been the recipient but not the activator of many instances of health policy. Second, the law specifies certain areas of action for pharmacists but the implementation of these in practical terms overlaps activities which have been assumed by the physicians and nurses, so a role model for professional activities is indefinite and precludes action-oriented approaches. For example, a pharmacist is requested by a patient to tell her for what purpose a medication is prescribed, but fails to do so for fear of offending the physician. Third, and perhaps most important in practical terms, pharmacy services have not been included in most third-party payment plans for outpatient services and hence figure little in overall program planning for health systems.

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HEALTH PLANNING

Pharmacy services are still a major need for consideration in the area of health planning, however, for a simple economic fact: prescriptions cost money which has to be paid. The average citizen utilizes about six prescriptions per year, and with the average cost of a prescription at a little over five dollars, that accounts for over six billion dollars annually on prescription drugs alone, to say nothing about the large number of non-prescription drugs consumed annually.

Worried by spiraling health care costs, poor distribution of existing health facilities and services, as well as large numbers of medically indigent personnel, the 93rd Congress enacted Public Law 93-641, the National Health Planning and Resources Development Act. Though not obvious for some time, the evidence of the law is now obvious. Over 200 health system agencies were designated by HEW for regional health planning agencies. In North Carolina, 6 such HSA's were designated (located in Morganton, Greensboro, Charlotte, Durham, Lumberton, and Greenville). Each of these HSA's have a Board of Directors (that must have a consumer majority) of around 40 to 50 members. All health policy and public facilities come directly under their preview for their multi-county district. In addition, there is a State Health Coordinating Council (SHCC) that determines health policy for the state. The State Health Planning and Development Agency in Raleigh aids in this effort.

By law, each HSA must develop a 5 year, Health System Plan (HSP) based upon public input. Currently, each of the six HSA's have developed a draft HSP for planned implementation. In addition, the SHCC is in the process of developing a 5 year, State Health Plan (SHP) which will be in draft form by the last of the year. Each of these plans are public documents and are subject to public scrutiny and comment.

When discussing the merits of comprehensive health planning in terms of P.L. 93-641, however, it is necessary to address the elements of the law which are stated priorities. Although many of these do speak to macro-systems within the health care maze, there are several that do directly address themselves to areas of pharmacist intervention.

a) "The provision of primary care services

for medically underserved populations. . . ." Though not considered a primary care provider in some circles, a pharmacist is intimately concerned with primary care. The vestige of the corner drug store is not so far removed that many patients still rely on the pharmacist as their primary entry into the health care system. Colds, coughs, aches and pains, soreness, weakness, and vitamin needs are all problems daily presented to pharmacists by patients for their professional attention. Though this is largely supportive in nature, many time nonprescription remedies are given or indeed referral to other medical personnel. In some areas, follow-up to many chronic health conditions that need chemical therapy is undertaken by pharmacists as the surrogate of the physician. Even in more serious cases, such as poisonings or home accidents, the pharmacist is readily called when a physician is either unavailable or unapproachable. Assuming the term "underserved populations" means anyone unable to obtain medical aid, the pharmacist can well fit into this category of aid.

b) "The development of medical group practices. . . ." Though somewhat vague in its description, the provision of pharmacy services either as a direct component or an indirect component of any such group practice is evident. Even in the simplest terms of economics, the pharmacy practice unit can be a pivotal area of larger group practices, especially in the realm of comprehensive services dealing with chronic illnesses or pediatrics.

c) "The promotion of activities for the prevention of diseases. . . ." Again the role of the pharmacist is secondary but vital in this increasingly important area of health care. First, as the provider of many health and medical aids (e.g. vitamins, toothpaste, etc.) he is able to be supportive in promoting healthful activities as well as serve as a monitor of their effectiveness by listening to feelings of the customers. Second, he can serve a somewhat similar role by acting as a health educator when the moment offers the opportunity. In the eyes of many, he offers both the visibility and the appropriate source of such actions.

d) "The adoption of uniform cost account-

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HEALTH PLANNING

ing, simplified reimbursement..." Though this priority properly lies with the administrative aspects of health care, the pharmacist by virtue of his entrepreneur position falls into the forefront of this activity. Furthermore, as a small businessman, he is quite intimately involved with any facets of cost control and fund management which can be of benefit to others. In whatever system of third-party payments, the pharmacist's participation is vital and in order to do this, there must be rapid, complete and cost-effective reimbursement procedures. Though the pharmacy unit may not be the "health service institution" mentioned in this segment of the law, it certainly comes under its implications.

e) "The development of effective methods of education the general public concerning proper personal (including preventive) health care and methods for effective use of available health services." At the risk of sounding presumptuous, the pharmacist fits here as well as all the other members of the health care team. Though it may not have been intentional, it is at least plausible that this particular priority is in effect mandating the cooperative effort that is so fragmented today in our health system. This is nevertheless the apparent summative statement of future growth of activities related to health planning and as such is inclusive to pharmacy services.

If indeed the material presented is a *prima facie* case for planning in pharmacy services, then the activity for which action can be taken is necessary. To say the least, the area of projection are subjective and would require a great deal of adjustment and redirection to implement, but are meant as a reasonable point to which movement would be meaningful.

1) The recognition of pharmacy services as vital components in the health care team and appropriate mechanisms to insure the active inclusion. As the old saying points out that the "proof is in the pudding," the following excerpt from the needs assessment of the Capital HSA Plan Development Committee (of Durham) states the case well for pharmacy.

"Comprehensive Pharmaceutical Services
During the last five years many people involved in the provision of medical ser-

vices have come to realize the profound reliance that the medical profession and the community place on drugs. With the explosion in the availability of drugs has come a certain wariness among many medical providers, about the potential benefits of drugs. The specialist trained to know about drugs, their benefits, drawback and potential problem causing aspects, are pharmacists.

To provide this specialized knowledge to all who need it is the aim of comprehensive pharmaceutical services. Such services should interrelate pharmaceutical services to total health care delivery. A comprehensive pharmacy package would include the means to:

1) provide maintenance of basic pharmaceutical services (including the receipt, handling, and delivery of proper pharmaceutical services for both prescription and non-prescription drugs) for all persons in respective areas,

2) provide consultation and drug information services to all medical and para-medical personnel in relation to proper drug selection, dosing regimens, drug interactions, and contraindications,

3) provide community resources for consultation regarding patient compliance patterns, community drug use patterns, and public health needs;

4) provide health education backup in regard to drug consumption patterns and problems; provide continuing education to other medical personnel regarding drug therapy;

5) cooperate in obtaining proper medication of patients through PSRO or either appropriate means in cooperation with medical personnel, and

6) oversee distribution of medication through all channels of distribution to patient population.

The implementation of a comprehensive pharmacy package needs to occur in each county. Implementation will involve the development of new relationships between physicians, pharmacists, administrators of institutions and patients. The need to educate all the groups involved is obvious, as in the need to develop system arrangements to handle the services that could be provided under this package.

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HEALTH PLANNING

With the resources in this region, the ability to provide this service is good and the potential benefits to patients are great."

Even Congress has sought to legislate this team concept by including in the pharmacy component of the recent health manpower legislation a stipulation that would require pharmacy students gain "training in interaction with physicians and other health professionals on drug information retrieval and analysis."

2) Provision of pharmacy services to underdeveloped areas. Though the state appears well supplied in pharmacy suppliers, there are some areas where a pharmacy cannot economically be placed. To enable the needs of these underserved persons, part-time facilities in cooperation with existing or accompanying rural health clinics can be operated. If still not feasible on an economic basis, supplemental support through potential HSA funding mechanisms could be instituted. Another alternative for rural areas (as adopted by legislation in the State Legislature in North Carolina) provides the use of physicians assistants and nurse practitioners to prescribe and dispense specified medications for the pharmacist and physician *in absentia*. There is also the problem of underserved urban populations due to crime rates. Many pharmacy operations have ceased to serve poor neighborhoods and pharmacists are hesitant to restart these services under existing legal protection. Pending federal legislation and proposed state legislation call for mandatory prison sentences for convicted felons of drug store robberies. Though the effect of this supposed deterrent is unknown, at least the presumed positive effect can be substantial enough to reopen some urban outlets.

3) Promotion of area-wide support services for the pharmacists which cannot be provided on an economic basis otherwise. The practicing pharmacist has limitations which simply cannot be exceeded due to limitations of time, space, and money. Some of these needs can be met on a regional basis. First, the availability of in-depth drug information on adverse reactions, contraindications, special dosing problems, special formulations or availability of special products is largely outside the scope of the average pharmacy outlet. There are how-

ever, certain pharmacy centers where this information is available. Certain facilities such as the pharmacy at North Carolina Memorial Hospital has such a service which could be staffed and provide this service to all pharmacists and physicians by mere telephone communication. Whether on a cost-for-service basis, a fee system or supplemental HSA support until financial feasibility data is available, this service could provide needed backup services for pharmacists and physicians alike. Second, the pharmacists have been introduced to drug utilization review through the Medicaid prescription vendor in North Carolina. The results have been largely favorable and cost efficient. Since it appears that PSRO's may well come under the umbrella of the HSA by future legislation, these drug utilization activities could well be incorporated in the same system on a regional basis.

4) Standardization of drug availability for dispensing. One of the real financial entanglements for pharmacies is the inventory which must be maintained for purposes of meeting needs of practicing physicians. The amount of duplication is immense due to the highly competitive sales market of pharmaceutical manufacturers. The hospital pharmacies have largely met this challenge by establishing formulary management systems whereby a Pharmacy and Therapeutics Committee (composed of medical representatives of specialties on the staff) decides the type and dosage forms of drugs to be maintained. After the drug has been determined, this drug or its generic equivalent is maintained for use by the staff. Any additions must be approved by this committee and deletions are also undertaken on the basis of use and new data on its applicability. This could be duplicated in an area of counties also. Undertaken on an area HSA basis, a workable prototype could benefit all concerned, practitioners and patients alike.

5) Uniformity of pricing structures for wholesale purchase of drugs. Though this appears an area of peripheral value to the health of the area population, this is an area of activity where a large unit such as a HSA or state or group of HSA's could exert pressure where pharmacies have tried for years with little success. Drug manufacturers have

(Concluded on Page 40)

Traveling Men's Auxiliary

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GOODRICH MEMORIAL CONTRIBUTIONS

Substantial contributions in memory of J. Floyd Goodrich, long-time secretary of the Traveling Men's Auxiliary of the NCPHA, have been made to the TMA Foundation by

- N. C. Pharmaceutical Association
- N. C. Mutual Wholesale Drug Company
- L. M. McCombs, Creedmoor
- S. T. Forrest, Greensboro
- W. P. Brewer, Greensboro
- W. J. Smith, Chapel Hill

Others desiring to contribute to the TMA Foundation in memory of Mr. Goodrich may send their contribution to Mr. William P. Brewer, P. O. Box 22025, Greensboro, N. C. 27420.

GOVERNOR APPOINTS BILL OAKLEY

William M. (Bill) Oakley, Director of Pharmacy, Craven County Hospital, New Bern, has been reappointed by Governor Hunt to a three-year term on the North Carolina Drug Commission Advisory Council.

The Advisory Council is made up of people who are associated with drug, mental health, law enforcement and educational programs. The primary responsibility of the Council is to recommend programs to the Commission which, if implemented, will be equip the State of North Carolina to more effectively deal with drug abuse problems.

Oakley is now completing his first 3-year term as a member of the Advisory Council.

DUCKWORTH NEW OWNER OF SIMMONS PHARMACY

Effective August 1, Howard Duckworth became pharmacist owner/manager of Duckworth Pharmacy, successor to Simmons Pharmacy, 926 Second Street, N.E., Hickory.

The former owner, F. Joel Simmons, is making his home in Conover, 304 11th Avenue, S.E.

Mr. Duckworth, a native of Hildebran, attended Appalachian State University and the School of Pharmacy, UNC/CH, graduating in 1974. He has been associated with Viewmont Pharmacy, Hickory.

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TINA-CIDE

A North Carolina product long known to North Carolina pharmacists is Tina-Cide, manufactured and distributed by Edwards Drug Company, Raleigh.

W. H. (Bill) Wilson of Raleigh has purchased the Tina-Cide goodwill, trademark, etc. and will manufacture and distribute the product in the future from his pharmacy: Hayes Barton Pharmacy, 2000 Fairview Road, Raleigh, North Carolina

Tina-Cide was one of the original athlete's foot preparations and is still in demand today.

Another Raleigh manufactured product that had wide acceptance in its day: Hick's Capudine. The company was sold to a Florida-based operation many years ago.

KINGS MOUNTAIN DRUG COMPANY TO BE OPERATED AS A DIVISION OF CORNWELL DRUG

Howard Lutz, pharmacist and owner of Kings Mountain Drug Company, has announced that Kings Mountain Drug Company, as of July 1, will be operated as Kings

Mountain Drug Company, Division of Cornwell Drug Stores, Morganton.

Howard Lutz continues as pharmacist-manager of Kings Mountain Drug Company along with Paul Walker, pharmacist and general manager of Cornwell Drug Stores.

Cornwell Drugs, Inc. is unique in that its employees own 95% of its stock and participate in its profits through a profit-sharing plan.

Kings Mountain Drug Company will be operated principally as it has been operated in the past. Charge accounts and delivery service will be continued.

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BIRTHS

Mr. & Mrs. Ron Holland announce the birth of a new daughter, Sara Elizabeth, July 13th, 1977. Mr. Holland is associated with Akers Center Pharmacy in Gastonia. The Hollands have two other children.

MARRIAGES

Miss Beverly Suzanne Setzer and Mr. William Robert Bizzell were married on July 9th, 1977, at Duke University Chapel in Durham. The Reverend John Robert Kernodle, Jr. officiated at the double-ring ceremony.

The groom is a graduate of the School of Pharmacy at the University of North Carolina at Chapel Hill and is employed as the assistant manager of K-Mart Pharmacy in Goldsboro. The bride is a graduate of the University of North Carolina at Chapel Hill and received an Interdisciplinary Studies degree with a major in Biology and Public Health Education. The couple will live in Goldsboro.

Miss Mary Janet McNeill and Mr. Michael Maxwell Desist were married on July 31 at Raeford Presbyterian Church in Raeford.

The groom is employed as a pharmacist by K-Mart Pharmacy, Fayetteville. The bride is a graduate of Methodist College and Western Carolina University and is employed by Camp Lejeune Dependent Schools.

Miss Mary Pelton Overman Carter of Roanoke Rapids and Mr. William Lawson Brady, III, of Fairmont, were married July 30 at Chestnut Street United Methodist Church in Lumberton.

The groom is staff pharmacist at Southeastern General Hospital, Lumberton. The bride is employed with the Lumberton City Schools, teaching 8th grade history at Junior High School.

Miss Sandra Lou Boucher and Mr. Douglas Marvin Williams were married August 13 at Reynolda Presbyterian Church in Winston-Salem.

The groom is pharmacist-manager for Revco Drugs, Fayetteville. Currently, the bride is a student of dental hygiene at UNC/CH.

DEATHS

J. FLOYD GOODRICH

James Floyd Goodrich, age 85, of Durham, died July 7 in Durham County General Hospital after a long illness.

Mr. Goodrich was associated with B. C. Remedy Company of Durham for 41 years, much of it as sales manager for the firm.

He was well known to North Carolina pharmacists and sales representatives as the Secretary-Treasurer of The Traveling Men's Auxiliary. He and the late Charles M. Andrews of Burlington, as registrars, always attended the annual meetings of the NCPHA and the TMA.

Mr. Goodrich's services to North Carolina Pharmacy was recognized when he was inducted into the North Carolina Hall of Fame in Pharmacy.

Survivors include his wife, Mrs. Elsie Coffey Goodrich; three daughters; two stepdaughters; nine grandchildren and two great-grandchildren.

Burial was in Maplewood Cemetery, Durham.

CHANGES IN THE PHARMACY PROGRAM

(Continued from Page 5)

which the candidate plans to be considered for admission (i.e., students who are freshmen in the Fall of 1977 would apply for admission by January 1, 1979 and would be admitted for Fall, 1979).

D. *Requirements for Entrance:* Candidates for admission to the School of Pharmacy must attend an accredited college or university for at least two years and have completed at least 60 semester hours, including the following:

Biology-Zoology	8 semester hours
General Chemistry	8 semester hours
English Composition	6 semester hours
Math (through	
Calculus)	6 semester hours
Organic Chemistry	8 semester hours
Physics	8 semester hours
Microbiology	4 semester hours
Economics	3 semester hours
Electives (Social Science/	
Humanities)	9 semester hours

The applicant will be evaluated on the basis of:

- Prepharmacy course work (quality of academic performance)
- College Boards
- Pharmacy College Admissions Test (PCAT)
- Personal Interview
- Science Index

'Signaling' the burglary attack

by Thad L. Weber, Security Consultant, SK&F Laboratories

The efficient placement of alarm devices to detect the burglar is a wasted effort unless the "intrusion" can be promptly reported to someone who will immediately send help to the scene to apprehend the burglar, or at the least, minimize the extent of the loss.

To achieve this objective, the alarm control unit must be capable of signaling to a point outside the premises which is staffed around-the-clock, seven days a week.

1. **The Local Bell Alarm**, once an adequate service for the neighborhood drugstore, is nowadays unacceptable since:

- a. many pharmacies are no longer located in truly residential neighborhoods.
- b. neighborhoods are often deserted on weekends and holidays—the prime times for burglaries.
- c. citizens' public service attitudes have changed. (The bell may ring, but who will bother to call the police?)
- d. Burglars, knowing the penalty is light, are no longer harassed by the ringing bell. They continue to loot until they hear the police siren or a lookout with a walkie-talkie and/or police radio monitor.

2. **The Local Alarm with Signaling Circuit.**

To improve the promptness of alarm signal registration at the police station and to assure quick response by patrol cars, the pharmacist can add these improvements to the existing sensing system:

- a. *A Telephone Dialer.* This utilizes an existing commercial

dial telephone circuit at little or no additional monthly telephone expense. The alarm installer prerecords a taped message and programs an automatic dialing unit which telephones the police department and/or the residences of pharmacy employees immediately when the sensing device is activated.

Note 1. In some municipalities, the police may require the dialer to telephone a special number (such as 911) or they may prohibit direct dialing, in which case the system can be programmed to dial a 24-hour central station alarm company or telephone answering service which, in turn, relays the alarm to the police.

Note 2. Ordinary telephone dialers are not "fail safe." If mechanical troubles or circuit outages occur before or during an attack, the alarm signal may not get through. Therefore, high-risk pharmacies may wish to consider the use of more sophisticated *digital dialing* systems programmed only to a private central station.

- b. *A Direct Connection to the Police Station.* In some communities a local alarm may be connected directly into an alarm-monitoring switchboard supervised by the police. This requires the monthly lease of a special circuit from the telephone company and may also include a charge by the police department for monitoring the alarm, maintaining the equipment at the police station, and

(Continued on page 40)

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responding to the alarm. Generally this method of signaling is more reliable than that provided by the tape dialer. However, in most cities over 50,000 in population, police departments do not accept direct connections.

3. The Central Station Alarm.

When the alarm sensors are supervised at a remote private central station (specializing in alarm installation, service, monitoring and guard response), the most effective burglary deterrent system is furnished; however, it is usually a more expensive proposition.

- a. Such systems require the lease of special telephone circuits which may serve only the individual pharmacist or provide a party line type service at lower costs to each alarm system user sharing the line.
- b. Since the alarm company must

This column is provided as a professional service to pharmacists by Smith Kline & French Laboratories.

keep a force of guards and servicemen on duty 24 hours a day, there are higher labor charges for the service. However, in most cases the alarm company guards responding to an alarm signal can enter the premises and handle the attack and/or restore the alarm service without endangering or disturbing the pharmacist or requiring him to hurry to the premises—which is the case when a dialer or direct-connect-to-police alarm is in use.

Note. There are variations in central station alarm services. Some may also include elimination of guard response at lower monthly rates or recording and reporting of the alarms' daily opening and closing times—a valuable service for pharmacists responsible for one or more branch locations.

HEALTH PLANNING (From Page 32)

a series of pricing schedules for pharmacies which, ranging from least expensive to most expensive, are generally: government installations, wholesalers, non-profit hospitals, large volume pharmacy units (chain stores), and independent community outlets. Thus the users of some of the largest conglomerate quantities of drugs pay the highest prices and these in turn get passed along to the consumer. An agency such as an HSA as stated above can, with a proper consumer impetus, get the ball rolling to equalize this pricing structure.

One fact that has been alluded to, but not spelled out, needs a brief mention. Whatever the outcome of the deliberations of the HSA's, the entire health care team will need to support it. The doctors are being courted and hopefully this will show results. Some of the other professions, however, are being ignored. Pharmacists will hopefully be supportive of

the HSA planning—even though they have little reason to do so based upon the HSA's approach to them. As the Boards for the six agencies in North Carolina were originally determined, four pharmacists (representing the 2,500 practitioners in the state) were so appointed. Since that time three of the four are, through attrition, no longer on the Boards. Currently only two pharmacists are serving out of almost 150 Board slots available for providers of the 6 HSA's. On the SHCC, a pharmacist has yet to serve at all. Certainly pharmacists must have an increasing role in the planning process if the long term effect is successful.

In conclusion, there is much going on in health planning in North Carolina. There is, however, much more that needs to be done by pharmacists in North Carolina to become part of the effort. Awareness of ongoing initiatives and the desire for active input are paramount for this effort. Organizational and individual action is necessary and appropriate.

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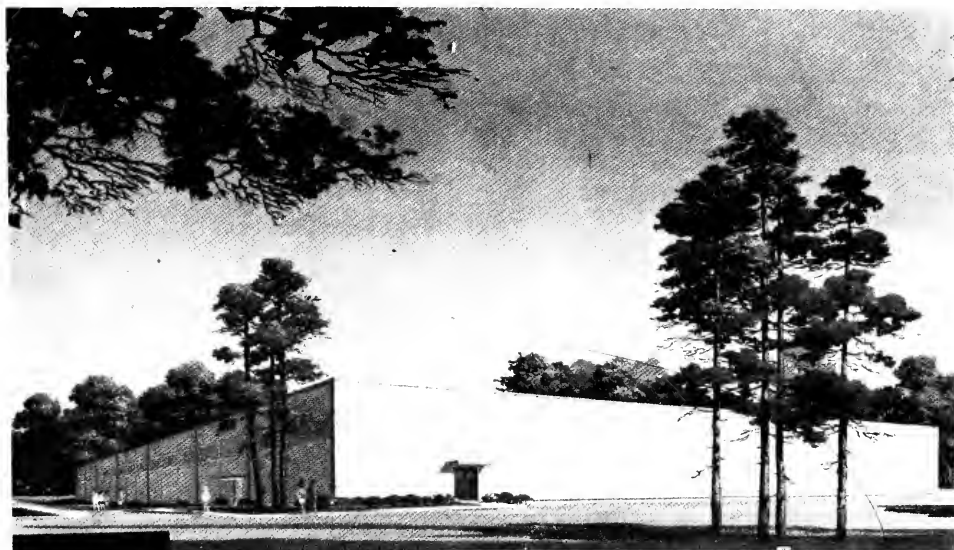
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NUMBER 10

VOLUME 57

OCTOBER 1977



INDUCTED INTO THE N. C. ACADEMY OF PHARMACY

Pictured are Ann Zehner Angle of Greensboro and Alfred Gene Smith of Elizabethtown, newly inductees of the N. C. Academy of Pharmacy.

Mrs. Angle was recently elected president of the Kappa Epsilon Grand Council; Mr. Smith, in addition to heading the Smith pharmacies of Bladen County, is Mayor Pro-Tem of Elizabethtown and Secretary of the Executive Board, Bladen County Hospital. Photo by Colorcraft.

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, Box 151, Chapel Hill, N. C. Subscription rate: \$3.00 a year; single copy, 25 cents. Second class postage paid at Chapel Hill, North Carolina 27514.

OMB TO MARKET DATASTAT SYSTEM

Owens, Minor & Bodeker will market a computerized management system (DataStat) that was developed specifically for pharmacists to furnish better health care services to their patients.

DataStat is an on-line system which provides, among other services, prescription control, label preparation, third-party billing, patient profiling on prescription history and drug tolerance as well as the basic management of pharmacy and patient records and receipts.

DataStat operates via a video display terminal and a printer located in each pharmacy, which, in turn, is connected with a central computer operated by National Data Corporation, an Atlanta-based company specializing in high-speed data capture and management reporting.

Representatives of Owens, Minor and Bodeker from Richmond and Wilson were in Raleigh on August 14 to explain the DataStat program to pharmacists from Eastern North Carolina.

ALWAYS GET A PHONE NUMBER BEFORE EXTENDING CREDIT

Your address records are complete only when they include telephone number, advises the fourth in a series of brochures mailed to all members using the approved collection service provided by I. C. System.

Unlisted numbers are on the increase, especially in large cities. In Los Angeles, for example, 38% of home phones have unlisted numbers. In Chicago, 33%. In New York, over 30%. An estimated 16% of all home phones in America have unlisted numbers. Not every unlisted telephone belongs to a person with credit problems, but enough do to give you good reason to get the phone number, up front, while you still can.

I. C. System, which collects both by mail and telephone, recovered over \$2 million worth of bad checks and delinquent accounts during July, bringing total collections for the first seven months of the year to nearly \$13 million.

PROJECT INTEGRITY

In the future Medicaid abuses by physicians and pharmacists will be computer screened by "Project Integrity."

Eighty pharmacies, out of 44,000, have been selected for further investigation and possible prosecution. Example: In one case, it is reported, 120 tablets of the same drug were dispensed to the same patient on each of 204 consecutive days.

A representative of the Medical Section of the N. C. Division of Social Services attended a recent meeting in Atlanta at which time details of "Project Integrity" were outlined.

NEWLY ELECTED DIRECTORS OF THE N. C. PHARMACEUTICAL RESEARCH FOUNDATION

E. A. Brecht, Chapel Hill
David R. Davis, Williamston
Harold Vann Day, Spruce Pine
Wade A. Gilliam, Winston-Salem
John E. Mills, Mount Airy
Frank Yarborough, Cary

The annual meeting of NCPRF was held in Chapel Hill on September 27.

SCRIPT

Effective with the October issue of The Carolina Journal of Pharmacy, SCRIPT, quarterly publication of The School of Pharmacy, University of North Carolina, will appear on a monthly basis.

We welcome this opportunity to cooperate with the School of Pharmacy, an opportunity which will be mutually helpful to both the School and The Journal.

SCRIPT appears on pages 30/34.

FEE NOW \$2.50

Effective September 1, 1977, the professional fee of the prescription program of Lincoln National Life Insurance Company, as administered by Pharmaceutical Card System, was increased to \$2.50.

FALL SEMINAR FOOTBALL WEEKEND IN CHAPEL HILL

**INTERESTING
INNOVATIVE
EDUCATIONAL
AND FUN**

The Fall Meeting of the NCPHA Woman's Auxiliary will have a new look this year. It will be jointly sponsored by the NCPHA and the Auxiliary and will be held on a weekend—October 28-29. Members of both groups are cordially invited to attend—and to bring their husbands/wives.

WHAT YOU MAY EXPECT

On Friday, October 28, you will start your activities with a 6:30 p.m. Social Hour and Dinner at the Carolina Inn, Chapel Hill. Speaker will be nationally known Irving Rubin, Editor of Pharmacy Times Magazine. His subject will be

WHY PHARMACY'S NEXT 5 YEARS WILL BE CRUCIAL

On Saturday morning, October 29, you will find a continental breakfast (Juice, sweet roll, coffee) awaiting you at the Institute of Pharmacy at 8:30.

Promptly at 9 a.m., a program on Women and Alcohol will be conducted by television personality Peggy Mann of WTVD. Her subject "Women and Alcoholism—Out of the Closet and Into Recovery." A question and answer period will follow.

At 10:15 members of the Woman's Auxiliary will remain at the Institute for a business meeting and planning session; others are invited to a "Morning with Dean Tom Miya" to be held at the School of Pharmacy. Following a brief talk by Dean Miya, you will be treated to a tour of the School of Pharmacy where you will be interested in seeing changes being instituted there almost daily.

At 12:00 noon a sandwich, etc. luncheon will be served at the Institute of Pharmacy.

Then you will be ready for the UNC-Maryland football game, either via television or radio—in the Institute auditorium. This football party will include snacks, drinks, etc. appropriate to the occasion.

At 5 p.m. there will be a Pig Pickin' (Barbecue)—also at the Institute.

At 6 p.m. Learn about Body Language through a skit presented by the members of the Student Branch of the NCPHA.

At 7 p.m. Presiding officers Rheta Skolaut and Eugene Hackney will make their closing remarks and send you happily on your way home.

RESERVATION

Friday, October 28

Registration, social hour and dinner at The Carolina Inn, Chapel Hill. \$10.00 per person.

Saturday, October 29

Registration, food, business and entertainment functions at The Institute of Pharmacy. \$10.00 per person. Room accommodations at Holiday Inn. Pay at checkout. CALL CHAPEL HILL 919/967-2237 FOR RESERVATIONS.

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TAR HEEL DIGEST

BURLINGTON

Joe Barbour, Jr. is a candidate to succeed himself as a member of the Burlington City Council.

CREEDMOOR

L. M. (Mac) McCombs, Secretary-Treasurer of the Traveling Men's Auxiliary of the NCPHA, has been appointed a member of the Granville Hospital Board of Directors.

TABOR CITY

New owner of McNeill's Pharmacy is Russell Wright, a graduate of the UNC School of Pharmacy. For the past year, he managed McNeill's Pharmacy in Loris, South Carolina. The name of the drug store is being changed to Wright's Drug Store; it was established as Harrelson's Pharmacy.

MEBANE

Paul David Smith, a native of Conover and a graduate of the UNC School of Pharmacy, has accepted a position with Carolina Rexall Drug.

JACKSONVILLE

Johnson Drug Company, 714 New Bridge Street—Controlled Substances valued at \$1,000 taken in a break-in at the pharmacy in early August. Entry by way of an air conditioner and hole in ceiling.

CHARLOTTE

Glenn W. Walker, an employee of Charlotte Memorial Hospital, was hospitalized at the hospital after being struck with a steel pipe during a robbery attempt.

LANDIS

Thieves cut a hole in the roof of Landis Drug Company to enter the pharmacy and steal CS drugs.

OPPORTUNITIES UNLIMITED

WANTED TO BUY

High volume drug store. Ownership or Partnership. RWA-10.

WANTED

Pharmacist Manager/Part Owner. If interested, send your name and address to NCPHA, Box 151, Chapel Hill, N. C. 27514.

SACRIFICE

Complete set Streater drug store fixtures and cash registers, office desk and so forth. Best offer. Call L. E. Reaves 919/484-0181 or home 919/484-6511, Fayetteville, North Carolina.

EMPLOYMENT—PHARMACISTS

If open for employment in N. C., write the NCPHA for application. Limited to NCPHA member pharmacists.



Jack Watts (left), acting on behalf of the Northwestern Bank of North Wilkesboro, is shown presenting a \$1000 check to NCPHA Eugene Hackney. The contribution established a Northwestern Bank Pharmacy Student Loan Fund to be operational as a part of the NCPHA Consolidated Pharmacy Student Loan Fund.

Watts, a director of the Northwestern Bank, Burlington, was instrumental in establishing the Fund which so far has assisted pharmacy students from Statesville, Greensboro, Lincolnton, Morganton and Chapel Hill.

The Northwestern Bank loans are limited to students whose home addresses are in Northwestern Bank's operational area.

COMMISSION TO PROBE HEALTH CARE COSTS IN NORTH CAROLINA

Two North Carolina pharmacists have been appointed members of a 12-member Commission to conduct a thorough probe of all health costs and recommend new cost-containment approaches.

Lt. Governor James C. Green appointed Pharmacist/Senator John T. Henley a member of the Commission. Pharmacist/Representative Barney Paul Woodard will serve in a similar capacity following his appointment by House Speaker Carl J. Stewart, Jr.

Informally, the study group is known as the "Medicaid Study Commission;" its official title is "Legislative Commission on Medical Cost Containment."

The Commission is funded (\$50,000); will be staffed and will conduct an intensive study of health care costs in North Carolina. It is anticipated preliminary recommendations will be presented to the General Assembly, May 1978.

The Commission's recommendations can be far reaching. One suggestion under consideration is establishment of a State Health Commission to operate somewhat like the Utilities Commission in monitoring the delivery of health care in North Carolina, including professional fees.

Members of the Commission are:

SENATORS

Craig Lawing, Charlotte, Co-Chairman
T. Cass Ballenger, Hickory
I. C. Crawford, Asheville
John T. Henley, Hope Mills
I. Beverly Lake, Raleigh
Kenneth C. Royall, Jr., Durham

REPRESENTATIVES

Ted Kaplan, Winston-Salem, Co-Chairman
Dr. John R. Gamble, Jr., Lincolnton
W. H. Lachot, Jr., Morganton
J. P. Huskins, Statesville
David R. Parnell, Parkton
Barney Paul Woodard, Princeton

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The Datarex '74 keeps your price stickers up to the minute automatically. For many retailers, this alone improves bottom line profits by 2% or more.

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What's more, it's as simple to operate as a cash register: just punch up the product number on any item that needs ordering.

It is, we repeat, incredible.

But now, Datarex is even better. Because now we're introducing the Datarex '77.

It does everything the '74 Datarex did, and it does it with a wave of the hand. You see, the new Datarex '77 has a wand that reads the bar code backwards and forwards. The error factor is virtually eliminated. And every transaction can be recorded in the computer in less than 2 seconds.

What does all this mean to you? It means you have more reason than ever before to call Gilpin. Because we can have a Datarex '77 system—complete with new labels for every

computer plan for your entire operation—working in a matter of weeks.

Call us collect at (301) 630-1500. Or simply mail the coupon.

The Datarex '77, like the Datarex '74 should make your store more profitable. Only it should do it even faster.

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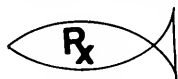
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WHOLESALE DRUG

DIVISION OF SMITH DRUG COMPANY

SPARTANBURG, SOUTH CAROLINA 29101

FORGED PRESCRIPTIONS HOW ONE PHARMACIST COMBATS THE MENACE

Dear, W. J.:

I would like to relate to you about a prescription forgery incident that happened in our pharmacy several weeks ago. For the second time in six months I succeeded in having the forger arrested. There have been several other forgers attempting to obtain control drugs during the last several months in our store who left before I could alert the police.

This latest incident happened early one afternoon when a gentleman handed me a prescription written on a Duke University Medical Center blank calling for 90 Preludin Endurets. I called the police immediately and filled other prescriptions to stall for time. The suspect stayed close to the front door and when the police cruiser came down the street toward our store the suspect fled. He ran to a waiting Lincoln Continental where his friend was waiting. The police officer gave chase, while I telephoned Duke Medical Center to verify the forgery. From past experience, the police will not arrest a person until they have verification from the physician. The physician's DEA number was correct and the switchboard at the hospital said they would have the physician call back immediately when they found him.

A few minutes later a town maintenance employee came in the store. The police officer had requested that I be driven to the location where he had stopped the suspects so that I could identify them. I went to the location and made the identification while at the same time a radio call came in saying the physician had confirmed that the prescription was a forgery. At that time the forger struck the police officer in the face and fled on foot. His partner jumped in the Continental and sped off, picking up his friend down the block. The police officer requested that we follow him and lend him assistance. After a high speed chase through town the suspects were stopped but again attempted to flee. This time with his gun drawn the officer stopped them. The forger was "high" and had to be subdued by myself and the town employee before he could be cuffed. Hypodermic needles and a pad of Duke Medical Center prescription blanks were in the car. Identification cards in the

suspects wallet showed that they both were employees of Duke Medical Center.

The first trial has been held in District Court where the driver of the car was convicted of speeding 70 in a 35 MPH zone and failure to stop for a blue light and siren. He was fined \$200 and lost his license for one year. The forgery suspect was convicted of assaulting a police officer and resisting arrest. He was given a suspended sentence and bound over to Superior Court on the prescription forgery count. This trial has not been scheduled as yet.

The physician whose name was forged was very eager to bring the suspect to trial and took time off from his duties to come to the preliminary trial to testify and will also be testifying in Superior Court.

I feel that if pharmacists will put forth a little effort and attempt to have these prescription forgers arrested instead of saying "I do not stock this medication" or even going ahead and filling the prescription knowing that it is a forgery, that most of these forgers will quit traveling the state.

I will let you know the outcome of the upcoming trial.

Yours truly,

C. Michael Whitehead

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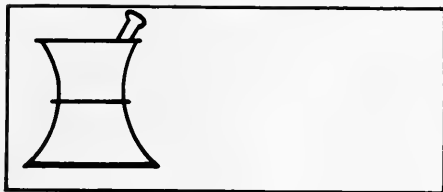
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Dear W. J.:

I want to call your attention to the June 1977 issue of *AMERICAN DRUGGIST*. On page 13 is an article concerning the production of new pharmacists for the next three years. North Carolina is shown producing 124 new pharmacists this year, while eight smaller states exceed this number and comparably-sized Indiana produces 225!

According to my observation, the pharmacist employment picture in this state is a fairly stable one, with available pharmacists and available jobs matching up about evenly. Assuming that all projected graduates earn their licenses, that means a new/old pharmacist ratio of about 1 to 24. Applying this ratio nationwide, one should project a total of about 5000 new graduates. Instead, the number is 7408, with higher numbers projected for the next two years. (The estimated need assumes that need in other states is similar to North Carolina's.)

For graduates in this state, jobs will be available, and the pay will probably meet expectations. (Some of this year's graduates may dispute this contention). In other states pharmacists may be squeezed out of the job market or end up working at wages below those paid sanitation workers.

The deans of the "pharmacist factory" universities claim that there is a need for the glut of graduates if they will seek out the opportunities. My estimation also does not allow for the possibility that certain states may currently be short of manpower (though this would not justify the massive overproduction by North Dakota, among others). A "hidden need" may be possible in North Carolina due to lack of patient medication records and high workloads prevalent in some chains.

I recommend a study by the NCPHA of pharmacists needed to meet the state's demand for the next 10 years. If the study reveals a shortage of pharmacists (unlikely, I feel), the School of Pharmacy should adjust its graduation figures upward. If a shortage is

not present, the Board of Pharmacy should act to protect the economic security of this state's pharmacists by toughening reciprocity requirements, thus forcing high-producing states into a more responsible position.

In the interest of pharmacists and the public, the Board and Association should encourage legislation to raise the standard of professional practice and to create good working conditions and desirable opportunities for its present and future pharmacists. Such legislation should include mandatory patient profiles, medication counseling service in each pharmacy, and adequate PHARMACIST personnel to handle complete services. Our new graduates are educated for a higher standard of practice and should be allowed to meet that standard in their practice. Our older pharmacists should make sure that they, too, can meet a higher standard.

I believe that the School of Pharmacy at UNC has worked with the profession in this state to assure responsible production of pharmacists. Both parties should work together to make sure that educational matter and professional practice are correlated.

Doyle R. Allison

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This indemnification shall include the payment by **Geigy Pharmaceuticals** of all reasonable expenses and attorneys' fees incurred by the pharmacist, or his employer, in connection with said law suit, and the assumption by **Geigy Pharmaceuticals**, where appropriate, of the defense of the action through its own attorneys.

This agreement by **Geigy Pharmaceuticals** to indemnify and hold harmless, as set forth above, is expressly conditioned upon the pharmacist, or his employer, im-



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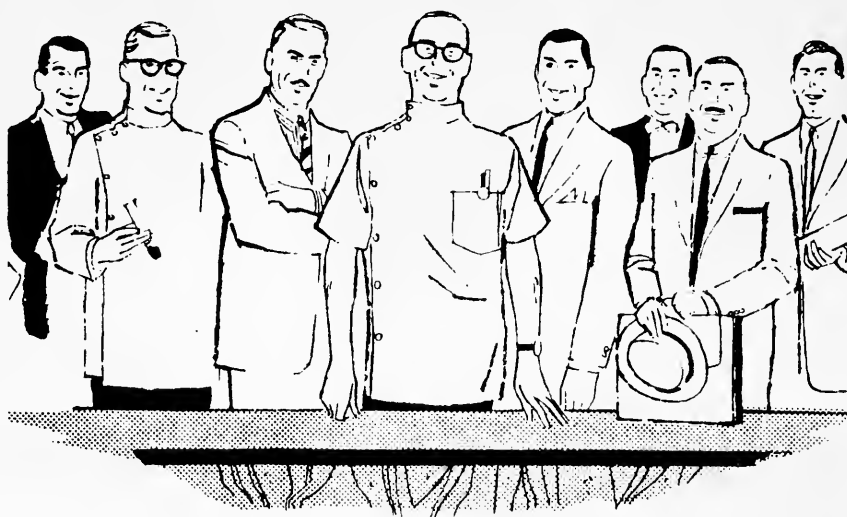
mediately notifying the Company of any claim, demand, or the service of any complaint. This agreement is further expressly conditioned on the pharmacist, or his employer, providing full cooperation to the Company, including complete access to all relevant records, and on **Geigy** Pharmaceuticals having complete control over the conduct and disposition of any claim, demand, or law suit.

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BURROUGHS WELLCOME CO. MAKES CONTRIBUTIONS TO RESEARCH FOUNDATION

Clealand F. Baker, Vice President for Corporate Planning, Burroughs Wellcome Co., and Peter S. Howsam, Vice President for Marketing, at a recent meeting also attended by Iris B. Evans, Contributions Administrator, and Joan Guilkey, her assistant, recently presented a check to the North Carolina Pharmaceutical Research Foundation in continuing support of a major program at the School of Pharmacy, The University of North Carolina at Chapel Hill. As shown in the photograph, George P. Hager, Secretary of the Foundation and a member of the faculty of the School of Pharmacy, and George R. Holcomb, Dean of Research Administration at the University, accepted the check from the Burroughs Wellcome representatives.

The contribution, with similar gifts from other research-oriented pharmaceutical manufacturers, will—through the Foundation—continue to support graduate students engaged in predoctoral study and research in the pharmaceutical sciences, medicinal chemistry and biopharmaceutics, in a support program that has been in operation for three years at the School of Pharmacy.

Burroughs Wellcome Co., like other pharmaceutical companies engaged in extensive research activities, recognizes the need for highly-trained pharmaceutical scientists. These scientists, in addition to research, are responsible for development of methods used to assure that medications of highest quality, safety, and efficacy are available for treatment of patients. Their work in biopharmaceutics is urgently needed for optimum use of medications in serving the particular needs of individual patients. Increasingly drug therapy is being recognized as a very important component of the total medical care required by patients. Such individualization is a prime factor today in satisfying the requirements of the consumer/patients for first rate medical care.

The predoctoral students now being trained in medicinal chemistry will play very important roles in the future, as medicinal chemists have played in the past, in triggering and conducting the early stages of the research that leads not only to safer and more effective drugs but also to new drugs for the treatment of illnesses for which there is no adequate drug therapy at this time. The kind of contributions to medical care that will be expected of these future pharmaceutical scientists is epitomized by the creative accomplishments of Dr. George F. Hitchings, formerly Vice President for Research at Burroughs Wellcome Co. and now residing in Durham.



Left to right: Clealand F. Baker, George P. Hager, Peter S. Howsam and George R. Holcomb.

HOSPITAL/CLINICAL PHARMACISTS MEET

The combined 11th and 4th Annual Carolina Hospital-Clinical Pharmacy Seminar was held at the Governors Inn, Research Triangle Park, September 23-25. Sponsors of the program were the School of Pharmacy, University of North Carolina, and the North Carolina Society of Hospital Pharmacists.

The theme of this year's program was "A New Look at the Broad Responsibilities of Hospital Pharmacists."

Among local and national speakers who presented papers were: Philip J. Klemmer, M.D., James W. Woods, M.D., both of the U.N.C. School of Medicine. Dr. W. Arthur Burke, Wilmington Medical Center, Delaware; Harold J. Godwin, University of Kansas Medical Center; Louis P. Jeffrey, Rhode Island Hospital, Providence; Don C. McLeod, Buffalo General Hospital; Dr. Joseph L. Fink, Philadelphia College of Pharmacy and Science; and Dr. Dorothy L. Smith, University of Toronto, Canada.

Speakers from the U.N.C. School of Pharmacy were: Dr. Lawrence S. Hak, A. Wayne Pittman, Dean Tom S. Miya, Fred M. Eckel, Stephen Caiola, and Sandra Hak.

IN MEMORY OF FLOYD GOODRICH

A substantial contribution to the TMA Foundation in memory of the late J. Floyd Goodrich of Durham has been made by Kendall Drug Company of Shelby.

NCPHA REPRESENTATIVES MEET WITH STATE MEDICAL SOCIETY COMMITTEE

The North Carolina Medical Society Committee Liaison to the North Carolina Pharmaceutical Association met in Southern

Pines on September 23 with Dr. Charles W. Byrd of Dunn, presiding.

The agenda included:

- (1) Impact of the new Medicaid generic drug requirement and discussion of the recently appointed Legislative Commission on Medical Cost Containment; (2) Senate Bill 424 which authorizes optometrists to prescribe pharmaceutical agents under certain designated conditions; (3) Evaluation of present situation regarding prescribing practices of nurse practitioners/physician assistants; (4) House Bill 1047 providing that the written prescription must bear the printed or stamped name, address, telephone and DEA number of the prescriber in addition to legal signature; (5) Patient Package Inserts; (6) Laetrile—position of Medical Society/Pharmaceutical Association; and (7) a current review of MD Medicaid drug dispensing by Benny Ridout, Pharmacist Consultant, N. C. Division of Social Services.

E. CLAIBORNE ROBINS, JR. TO BECOME PRESIDENT AND CHIEF EXECUTIVE OFFICER

The Board of Directors of A. H. Robins Company, Richmond-based pharmaceutical manufacturer, has announced the selection of E. Claiborne Robins, Jr. to become president and chief executive officer of the company when William L. Zimmer III retires on January 1, 1978.

Robins, 34, presently is serving as an executive vice president with responsibility for the Pharmaceutical Division, corporate operations and engineering services, personnel, and administration and corporate planning.

He is the great grandson of the company's founder, Albert Hartley Robins, and the son

"Service in Wholesale Quantities"



of the present chairman of the board.

Robins joined the company in 1968 after receiving his Bachelor of Science degree in business administration from the University of Richmond.

In August 1970, following initial service as a member of the Pharmaceutical Division sales force, he was elected as assistant vice president and assumed operational responsibilities in the Pharmaceutical Division.

He was named director of personnel in January 1973, and was elected vice president-corporate staff, and corporate director of personnel in June 1973. He was elected to his present position in March 1975.

In addition, Robins has been a member of the company's Board of Directors since February 1972.

Zimmer's association with A. H. Robins dates from 1952 when he was elected to its Board of Directors. His participation in its daily management began in 1955 when he became assistant secretary.

He was named general counsel and assistant secretary in 1961; was elected vice president and secretary in 1962; vice president, secretary and treasurer in 1966; executive vice president and treasurer in 1967; and executive vice president and chief operating officer in 1969.

Zimmer was elected president and chief operating officer of the company in 1970, and became president and chief executive officer on August 1, 1975.

He will continue as a director of the company following his retirement.

LILLY OFFERS TV PUBLIC SERVICE MESSAGES PROMOTING PHARMACISTS

Pharmacists now have a new way to inform the public about professional services they

can provide. It is a unique series of 30-second television announcements developed by Eli Lilly and Company and made available through state pharmaceutical associations. Four versions are currently available, each one opening with a different potential problem or concern that patrons may have with their medicines: patient compliance, drug interactions, adverse effects, and OTC drugs. Each message then suggests how the pharmacist can help and encourages viewers to get to know their pharmacist. The announcements end with the credit line, "A Public Service Message from Your State and Local Pharmacy Associations."

Pharmacy organizations can arrange to have three televised in their own area on public service broadcasting time by contacting the program director of their local television station. Since these announcements not only promote the pharmacist's professional services but also help the public understand and use medicines more effectively, they will hold special appeal for public service time. Each version comes on a separate two-inch videotape cassette, along with a printed script which the television program director may wish to review.

Unveiled at the October 1 meeting of the National Council of State Pharmaceutical Association Executives in Washington, D. C., the new program provides pharmacy organizations with an innovative yet flexible approach for reaching the public, around which they may wish to build their own public relations program. Supplemented with other types of materials and ideas from the local association itself, these television messages would be reinforced in viewers' minds each time they visit their pharmacies.

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Our purpose as a drug wholesaler is to keep you competitive AND profitable.

For the Pharmacist to develop and maintain an effective image with the customer he must remain COMPETITIVE. Being competitive does not mean only projecting a price image, but also properly communicating to demonstrate the pharmacist's desire and

ability to work in the consumer's best interest.

Communicate your professional image... and remember, being competitive is not just a word... it is being helpful, understanding and concerned! Your future will be enhanced through the proper and ethical use of your competitive image... develop it... use it... profit from it.

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REPORT OF THE INSURANCE COMMITTEE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

During the past year the Insurance Committee addressed itself to several matters of interest which directly or indirectly concern most practicing pharmacists and pharmacy operators.

On November 6th and 7th the Employer-Employee Relations Committee of the NCPHA held a mini-convention at the Institute of Pharmacy which touched on several topics of interest, one of which concerned Prescription Insurance and Claims Forms: A Progress Report.

Mr. Carlie B. Sessoms, Vice President, Benefits Administration Division, Blue Cross/Shield, addressed the group relative to the development of a folder titled Prescription Drug Benefits for North Carolina Subscribers. This informative folder, a copy of which has been sent to all members of the NCPHA along with a request card, was the culmination of efforts on the part of President Burgess, the Insurance Committee and N. C. Blue Cross/Shield, is to be commended for their contribution and cooperation in other instances.

It is hoped that ultimately there will be developed a free standing prescription program in North Carolina. The present programs generate about \$5 million dollars annually.

The NCPHA sponsors a broad range of insurance coverage for its members through underwriters such as Washington National, Durham Life and others. Among these are a disability and income plan, major medical, term life, and a retirement and profit-sharing plan.

There is an area of major concern at present which still demands resolution. Further attention should be directed toward professional liability coverage, because at present it is difficult for employee members of the Association to obtain this coverage; it is especially true where employee pharmacists operate in a consultant capacity away from their basic place of employment. Owners and man-

agers do not confront this problem, inasmuch as they are usually covered under an umbrella type coverage.

It is the recommendation of the Committee that a continuing effort be made to work out a satisfactory solution to this problem.

Another matter which the Committee has been concerned with has been that of a standardized prescription drug claim form. Those members who have completed insurance claim forms or those who have aided subscribers in completing their individual claim forms realize the many various forms and types of forms which must be completed to receive reimbursement for prescription drugs. The form has been developed and publicized, and it is expected that the form will become universally accepted and used by the majority of the participating insurers. The Committee which developed this form was composed of members representing insurers, retail pharmacists, hospital pharmacists, manufacturers, computer programmers, and government representatives on a national level. It appears to provide a way to simplify the filing and reimbursement of prescription drug claims.

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**On request, a representative
of the I. C. System will explain
the collection program in detail.**

**Call or write the NCPHA, Box 151,
Chapel Hill, North Carolina 27514**

Presented at the 97th Annual Meeting of the North Carolina Pharmaceutical Association, Four Seasons Holiday Inn, Greensboro, N. C., April 26th, 1977 by Hunter L. Kelly, Chairman, Insurance Committee.

noncompliance:

a "complication" that too often
accompanies hypertension

Perhaps because he usually does not feel any symptoms of the disease, the hypertensive patient is particularly likely not to take his medication as prescribed.

The pharmacist can help make a difference

A professional concern:

The pharmacist can often help in the task of motivating the hypertensive patient to comply with the therapeutic regimen. The pharmacist, too, may educate . . . encourage . . . remind. Your efforts—in ways such as these—can frequently help assure compliance with therapy.

To help, Merck Sharp & Dohme would like to supply you with a quantity of lay booklets, developed in cooperation with the American Pharmaceutical Association. They are available from MSD Professional Representatives, or by writing Professional Service Department, Merck Sharp & Dohme, West Point, Pa. 19486.

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Members—W. R. Adams, Jr., Wilson; David D. Claytor, Greensboro; Harold V. Day, Spruce Pine; W. Whitaker Moose, Mount Pleasant; W. H. Randall, Lillington; David R. Work, Secretary-Treasurer, P. O. Box 471, Chapel Hill, N. C. 27514

NEW PHARMACIES

1. Revco Discount Drug Center, US Highway 264 & Field Street, Farmville. Ben S. Lamm, pharmacist manager.
2. Revco Discount Drug Center, East Center Street & Talbert Blvd., Lexington. Larry McLellan, pharmacist manager.
3. Revco Discount Drug Center, 2220 South 17th Street, Wilmington. Crayne Howes, pharmacist manager.
4. Revco Discount Drug Center, 920 Highway 74 East, Wadesboro. George Andrew Love, pharmacist manager.
5. Revco Discount Drug Center, 5673 Carolina Beach Road, Wilmington. Mark K. Weaver, pharmacist manager.
6. Eckerd Drugs, Byrd's Shopping Center, 1948 Horner Blvd., Sanford. LaVoice Howard, pharmacist manager.
7. Kmart Pharmacy, 123 Mahaley Avenue, Salisbury. Ruth Correll, pharmacist manager.
8. Blue Ridge Pharmacy of Hays, Inc., Rock Creek Road, Hays. Janice King, pharmacist manager.
9. Medical Center Pharmacy, 805 Long Drive, Rockingham. Ellis L. Marks, Jr., pharmacist manager.
10. Stokes Pharmacy, Across from Stokes-Reynolds Hospital, Danbury. Joseph C. Perkins, pharmacist manager.

CHANGE IN OWNERSHIP

1. Beulaville Drug Company, 203 North Jackson Street, Beulaville. Paul A. Morton, pharmacist manager.
2. Scotland Pharmacy, 210 Main Street, Laurinburg. Gary Walker McKenzie, pharmacist manager.
3. Biltmore Pharmacy, 10 Lodge Street, Asheville. David A. Settle, pharmacist manager.

RECIPROCITY

Elmo Keith Hughes, Jr. from Kentucky
William Timothy Giddens from Georgia
Richard Alan Green from South Carolina
John David Kelley from Alabama
Harvey Hoffman Pollard from Michigan
Edgar Dickson Weeks from South Carolina

PHARMACY CLOSED

Weatherwax Pharmacy, the only drug store in Clemmons for the past 16 years, was closed by its owner, F. G. Weatherwax, in late July.

ABOUT THE 1976 TAX REFORM ACT

Commerce Clearing House says the new law is, without doubt, the most sweeping tax measure to clear Congress since enactment of the Internal Revenue Code of 1954. *Prentice-Hall* says the law is the most comprehensive, complex and massive overhaul of our tax system that has ever been attempted. It affects every taxpayer in the country.

Such statements by the country's largest technical tax publishers demonstrate that small business owners need tax help *now*, more than ever before. The new reform act, on top of an already complex tax law, boggles the minds of even the most experienced tax advisers. Yet amidst all this complexity **SMALL BUSINESS TAX CONTROL** continues to advise business owners how they can reduce their tax cost—and the advice is given in quick, simple language which business owners can readily understand.

The Association recommends that you subscribe to this monthly advisory service, as did 11,000 business owners in 1976. The service is available through the Association office at the low, group rate of \$36, tax deductible.

Pharmaceutical Reimbursement Board

Room 921

1875 Connecticut Ave., N.W.

Washington, D. C. 20009

Gentlemen:

I am writing to express disagreement with the MAC prices for ampicillin capsules and those proposed for penicillin VK and ampicillin suspensions.

At a time when retail pharmacy in North Carolina is doing much to upgrade itself—through continuing education programs and patient profiles (which are not mandated by law)—your actions and proposals are undermining the economic strength necessary to sustain these trends.

The great majority of North Carolina independent pharmacies are one-man stores, serving smaller towns and rural areas where competent medical advice is scarce. Government complains about rural areas lacking doctors and pharmaceutical services, etc. and then acts to undermine the efforts of pharmacies in these areas to provide competent services and to secure decent livings for their families.

Consider the MAC of \$5.35 proposed for penicillin VK 250 mg tabs. Our pharmacy and community doctors have used Lilly's V-Cillin-K 250 mg tabs with an AWP of \$9.13 for years. We consider this the best penicillin V on the market. Even those who would disagree with us would allow that Lilly is among the very best.

We prefer to dispense pharmaceuticals manufactured by companies who do original research and who backup their products through informed representatives.

We do NOT prefer to dispense products manufactured by "me-too" houses. Yet the economics of your proposals force us in that direction.

Consider the case of a Mrs. Bunch who is on Medicaid stamps for a few months, then goes on spin-down for a time (in which she pays completely for her prescriptions). Her prescription in our pharmacy now is filled with Lilly's VCK whether she is on Medicaid stamps or not. Under your proposal, the following is quite likely to happen: Her original prescription is filled with Lilly's VCK. Next month, she is off spin-down and so brings

Medicaid stamps to pay for her refill. But this time she will get a different product after we explain to her doctor that Government will not pay us fully. Then we have to explain to her why her medicine is different. Then she spends the whole day worrying . . .

We should NOT be asked to absorb economic losses because Government does not want Medicaid patients to receive the best. And whether that is what you intend or not, THAT will be the outcome of this MAC policy.

We can buy penicillins less expensive than Lilly's. Such expands and duplicates our inventory unnecessarily. And because money is tied up in duplicated inventories, pharmacists will be less likely to invest in large purchases whereby they can save their cash-paying patients money. Costs will therefore go up to non-Medicaid patients. So what has government saved?

At present we use Lilly's V-Cillin-K tablets for generic prescriptions and those trademarked for Lilly. We thus give ALL our customers—private and public-pay alike—the same high quality product. FDA standards for pharmaceuticals are MINIMUM standards, not maximum standards. We prefer to dispense what we take ourselves when sick. Your proposals will not permit us to do this for Medicaid patients.

Our cost goes up daily. Minimum wages go up. Utilities go up. County and city taxes have just gone up.

Two years ago I did not have to fill our Medicaid reimbursement vouchers with NDC numbers. NOW I do, so out of self-defense so that Raleigh will not steal my time and my money through sloppy processing. I have to work harder to get them to do a good job the first time! I lose time from my family—3 to 4 nights a month to handle Medicaid processing.

Yet not only can we not get our professional fee increased, we can no longer even get AWP as cost for basic pharmaceuticals.

The sad thing about your MAC proposals is that they encourage minimum services: (a) dispense the least costly drug whether it is the best or not; (b) spend as little time as possible in consultation with patients; (c) don't put auxiliary labels on prescriptions that might improve compliance or effectiveness—government won't even pay fully for the basic ingredients much less labels; and (d) by

all means don't start patient profiling and trying to prevent interactions.

The argument I have made to you RE: Penicillin VK and Eli Lilly Company can be made by analogy in our situation using the products of Amcill by Parke Davis and Polycillin by Bristol RE: ampicillin MAC prices. To repeat, if you don't like our costs, then jawbone with the manufacturers.

One final thought. In the last 6 months, I have heard more pharmacists than ever before discussing the merits of dropping medicaid prescription service altogether.

The hassle of getting paid correctly the first time, the time during which government uses our money interest-free, the slowness with which price increases are incorporated into the data banks, and now the shaving of AWP prices . . . ALL of these factors demoralize our situation.

Even now some pharmacists refuse to fill compounded prescriptions on medicaid because the reimbursement formula is way out of line with respect to the TIME required to compound well. And, why shouldn't we charge the patient for the difference between AWP and MAC prices?

I hope you will see fit to revise your proposed MAC prices in an upward direction rather sharply . . . indeed to abandon them and continue to use AWP prices alone as the basis for reimbursement plus professional fee.

Thank you for your consideration.

John A. Mitchener, III, R.Ph.
Mitchener's Pharmacy
Edenton, N. C.

TO THE EDITOR REFLECTOR GREENVILLE, N. C.

I think that you would be performing a most valuable service to the citizens of your reading area if you would pass on to all medicaid patients the following:

Under provisions of a new budget bill recently enacted by the General Assembly, all prescriptions for medicaid recipients must be considered as though written for the least expensive available drug product in that drug class, regardless of the tradename called for by the physician. The physician is allowed to write "Dispense as Written" and his prescription will be filled without change. Of course, he must do this each and every time.

In effect, for "cost containment," all medicaid recipients are being shown discrimination and, without constant, surveillance by their physicians, will be given the cheapest drugs available. In no way should these patients become upset with the pharmacist. This noble group who suffer much under the guise of medicaid drug reimbursement and ever-increasing "red tape," had absolutely nothing to do with this act.

Simply stated, more bureaucrats are taking a more active role in the health care of private citizens, whether the citizens want them there or not.

Jack A. Koontz, M.D.



"Something for Heartburn"

20TH ANNUAL JUSTICE GIFT SHOW GRAND PRIZES

1. Panasonic Color TV—19"—CT-917
Bill Lamm, Lamm Drug, Mt. Airy,
NC
2. Panasonic Stereo—Radio—8-Track Play
#8146
Charles Deaton, Deaton Pharmacy,
Liberty, NC
3. Panasonic 9" B & W Portable TV—
#TR-759
Thelma Teague, Tri City Pharmacy,
Eden, NC
4. Panasonic AM-FM Table Radio
Sandy Lazarus, Lee Drug,
Sanford, NC
5. Panasonic AM-FM Table Radio
Bill Collette, Wilkins Drug,
Mocksville, NC
6. Norelco Shaver—Adjustable Triple-
header
Calvin Nichols, Bobbitts Pharmacy,
Winston-Salem, NC
7. RCA Executive Desk Clock Radio
Rad Rich, Medicine Shoppe,
Fayetteville, NC
8. Jason Empire Binoculars
Harry Stone, Fulton Street Pharmacy
9. Sunbeam Steam Iron
Ken Lawing, Bowman Drug,
Conover, NC
10. Thermos Chest
Tula Walters, Bridge Street
Pharmacy, Elkin, NC
11. Decoupage Ladies Purse
John Runnion, Foothills Pharmacy,
Lenoir, NC
12. Sharp Calculator
Joe Hicks, Hicks Pharmacy,
Walnut Cove, NC
13. Igloo Playmate Cooler
Martha Dowdy, Country Park
Pharmacy, Greensboro, NC
14. Igloo Playmate Cooler
John Barringer, Shields Drug,
Carthage, NC
15. Picnic Basket
Roland A. Glenn, Denton Drug,
Denton, NC
16. Mickey Mouse Wrist Watch
Doris Wilson, Alamance-Andrews
Drug, Burlington, NC
17. Westclox Boudoir Clock
Darrell Estes, Medi Save, Raleigh,
NC

18. Amity Billfold
Myra Stang, Guilford Drug,
Greensboro, NC
19. Amity Tote Bag
Don Bennett, Medical Pharmacy,
Albemarle, NC
20. Badminton Set
Maryellen M. Holt, Gibsonville Drug,
Gibsonville, NC

JUSTICE GIFT SHOW BOOTH PRIZES

Amity

Ryland Shaw, Glen & Martin Drug, Mt.
Olive
W. P. Dockery, King's Drug, Hickory

Eastman

Andrews Pharmacy, Winston-Salem
(John Andrews)
E. S. Setzer, Glen Raven Drug, Glen Raven,
NC

Beacon Brokers

Katherine Hampton, Buie Pharmacy,
Winston-Salem
K. B. Jenks, South Court Drug, Graham

Foster Grant

King's Drug, Hickory

Chesebrough Pond's

Hazel Watson, Leonard Drug, High Point
Clayburn Hawkins, Hawkins Drug, Madi-
son
Jim Sheets, Roberts Drug, West Jefferson

Pro Brush

Calvin Oakley, Warren Drug, Mebane
Dwayne Franzen, Bessemer Pharmacy,
Greensboro

Shelley Enterprises

Thomas Hawkins, North Village Phar-
macy, Yanceyville
Brenda Massengill, North Village Phar-
macy, Yanceyville
David Morrison, Bridge Street Pharmacy,
Elkin
Aliene Day, Bridge Street Pharmacy, Elkin

West Bend

Willie Jennings, Alamance Andrews, Bur-
lington

- Clara Boaz, Hudson's Drug, Stuart, Virginia
- Crane Sales
- C. E. Joyner, Leonard Drug, High Point, NC
- Pharmavite
- Mrs. D. C. Dowdy, Country Park Pharmacy, Greensboro
- Organic Grooming
- Carolyn Heath, Glenn & Martin Drug, Mt. Olive
- Maybelline
- George McLarty, McLarty Drug, High Point
- Dudley Sales
- Dot Beaver, Brown Drug, China Grove
- Peggy Jenks, South Court Drug, Graham
- John Lowe, Davidson Drug, Denton
- Water Pik
- Revis Eller, Halsey Drug, Sparta
- Bill Collette, Wilkins Drug, Mocksville
- Thornton Sales
- Mrs. Win King, Wolfe Drug, Mt. Airy
- Sue Taylor, Sheek Taylor Drug, Yadkinville
- Justice Cosmetics, Sundries, Christmas, Services, Stripe, Colonial Heights
- Robert Wolfe, Square Pharmacy, Mt. Airy
- John Quick, Model Pharmacy, Winston-Salem
- Laura Thompson, Wrike Drug, Graham
- Denford Oxendine, Baxter's Pharmacy, Kannapolis
- Jane Doggett, Doggett Pharmacy, Summerfield
- Bob Harris, Medicine Shoppe, Hope Mills
- Vernon Massengill, North Village Pharmacy, Yanceyville
- Marion Hamilton, Doctors Building, Salisbury
- Ben Mobley, Kearns Drug, Asheboro
- Ritchie Russell, Gordon Manor Pharmacy, Winston-Salem
- Charles Britt, Belmont Pharmacy, Reidsville
- Buddy Bradsher, Village Pharmacy, Roxboro
- Lynn McCaskill, Ellerbe Drug, Ellerbe, NC
- Cool Ray
- Martha Harris, Foster Drug, Greensboro
- Dave Stang, Guilford Drug, Greensboro
- Shulton
- Paul Miller, Rowan Drug, Spencer, NC
- Jim Patterson, Westgate Pharmacy, Statesville
- Ryall Caskey
- Steve Brown, Sheek Taylor, Yadkinville
- Carolyn Heath, Glenn & Martin, Mt. Olive
- Helen Harmon, Center Street Pharmacy, Lexington
- Eveready
- Rong Hargis, Alamance-Andrews, Burlington
- Leo Rabil, Bobbitt's College Pharmacy, Winston-Salem
- G. R. Dawson
- Millie Jennings, Alamance Andrews, Burlington
- Rene Summers, Westgate Pharmacy, Statesville
- Bonnie I Smith
- Nancy Hicks, Hicks Pharmacy, Walnut Cove
- E. B. Clapp, City Pharmacy, Newton
- Shelley Williams, Tar Heel Drug, Graham
- Sasheen
- Wayne Buie, Buie Pharmacy, Winston-Salem
- Myrtle Stone, King Drug, King
- Jimmy Way, Andrews Summit, Winston-Salem
- J. Frank Pickard, Pickard Pharmacy, Greensboro
- Scotch Tape
- Louise Underwood, White Oak Drug, Greensboro
- Herb Hartsook, Brown Gardiner, Greensboro
- Timex
- Rene Summers, Westgate Pharmacy, Statesville
- Hopkins-Spiedel
- McLeansville Pharmacy, McLeansville, NC

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MARRIAGES

Miss Mary Bette Wall and *David John Hauser* were married Saturday, August 6, 1977 at the Riverside Christian Church in Grifton. The Rev. Eugene Percell officiated.

The bride is a graduate of the University of North Carolina in Greensboro and is employed as a Home Economics teacher for the Winston-Salem Forsyth County School System. The groom, a graduate of the University of North Carolina School of Pharmacy is employed by Revco Drug Store in Winston-Salem. The couple will make their home in Advance, N. C.

Miss Sandra Lou Boucher became the bride of *Douglas Marvin Williams* of Fayetteville on Saturday, August 13 at Reynolds Presbyterian Church in Winston-Salem. Dr. Perry Mobley was the officiating clergyman.

The bride is currently a dental hygiene student at the University of North Carolina in Chapel Hill. The groom, a graduate of the School of Pharmacy at the University of North Carolina in Chapel Hill is pharmacist-manager of the Revco Drug Store on West Hudson Street in Fayetteville. The couple will reside in Fayetteville.

The wedding of Miss Mary Janet McNeill and *Michael Maxwell Desist* took place Sunday, July 31 at Raeford Presbyterian Church. The Rev. John C. Ropp officiated.

Mrs. Desist received her B.A. and M.A. degree in early childhood education from Western Carolina University and has been employed by the Camp Lejeune Dependent Schools. Mr. Desist is a graduate of The School of Pharmacy, University of North Carolina at Chapel Hill and is a registered pharmacist at K-Mart Pharmacy in Fayetteville. The newlyweds will reside in Fayetteville.

Mary Overman Pelton Carter and *William Lawson Brady, III*, both of Lumberton were united in marriage July 30th at Chestnut Street Methodist Church.

The bride received the B.A. degree and a teacher's certificate at Pembroke State University. She teaches at the Lumberton City Schools. The groom is a School of Pharmacy, University of North Carolina Chapel Hill graduate and is a staff pharmacist with South Eastern General Hospital in Lumberton. The couple will live in Lumberton.

BIRTHS

David and Mimi Patterson of Mount Airy announce the birth of their first child, a baby girl, Jennifer Amelia, on August 5.

According to the parents, Jennifer came into this world with an exultant yell and a birthweight of 8 pounds and 1 ounce.

David, a 1972 graduate of the UNC School of Pharmacy, is associated with Hospital Pharmacy, Inc. of Mount Airy.

Bobby and Tishia Henley of Hope Mills announce the birth of a daughter, Lori Rebecca, on July 19. The Henleys have a son, Robert Ray, Jr.

DEATHS

John Craton Mills

John Craton Mills, born July 26, 1900, died in Mount Airy, August 17, 1977.

Following issuance of his pharmacist license in 1921, Mr. Mills operated Mills Drug Company, Cliffside, from 1930 thru 1959 at which time he and his son, John, purchased part interest in the W. S. Wolfe Drug Company, Mount Airy.

Later, prior to Mr. Wolfe's death, The Mills assumed complete ownership and management of the W. S. Wolfe Drug Company.

Mr. Mills was named Man of the Year by the Cliffside Lions Club in 1953 and was Pharmacist of the Month (Southeastern Drug Journal) in January 1958. He was a member of the N. C. Academy of Pharmacy; the Surry County Pharmaceutical Association and received his 50 year pharmacist pin in 1971.

Survivors include the widow, Mae S. Mills; a son, John, and his wife Barbara; and three grandchildren, Ellen, Kristi and John, Jr.

Lloyd Jarrett

Lloyd M. Jarrett, 87, Asheville pharmacist, died August 23 after a long illness.

Mr. Jarrett operated Biltmore Drug Store for 52 years. Prior to retirement, he was active in the operation of the Asheville Drug Club and the Western North Carolina Drug Club.

One of the survivors, the widow, Mrs. Iva Lee Smith Jarrett, is a past president of the Woman's Auxiliary of the NCPHA (1933-34).

Script Becomes A Part of the Carolina Journal

This issue of **The Carolina Journal of Pharmacy** marks the start of combining **SCRIPT**, the UNC School of Pharmacy newsletter, into the **Journal**. As Dean Miya explains in his column, there were several reasons for bringing the two publications together. This cooperative effort should be mutually beneficial to both organizations.

One immediate plus will be the School's emphasis on articles of benefit to pharmacists in the area of continuing education. We hope to publish at least one each issue dealing with current aspects of pharmacy practice. A continuing feature will be "Drug Information" authored by various faculty members of the Division of Pharmacy Practice. Another value advantage will be information about and by students. In this way, practitioners and students may be able to get to know each other a little better—if only by association through the medium of **SCRIPT**.

The School of Pharmacy appreciates the usual generosity of the North Carolina Pharmaceutical Association in extending the invitation to the UNC School of Pharmacy to add **SCRIPT** to its fine publication, **The Carolina Journal of Pharmacy**.

Drug Compliance and the Community Practitioner

Drug compliance has become a point of interest among medical practitioners, third-party payers and drug producers. Results of various studies suggest that one-half of patients for whom appropriate therapy is prescribed fail to receive full benefit because of low levels of compliance.

Why patients are noncompliant is complex and can be attributed to several factors: Characteristics of the patient, the prescriber regiment and practitioner, and the patient-practitioner relationship. The problem is especially compounded when the patient is old and suffers from more than one chronic condition.

Various educational and behavioral strategies instigated by physicians, nurses, pharmacists and other concerned practitioners have been utilized to improve patient compliance. Such techniques have included written and verbal information to increase patient knowledge and thereby promote a compliant attitude. However, extensive knowledge about a disease may not result in improved compliance.

Drug calendars have been advocated as a mechanism for decreasing errors made by patients in their self-administration of drugs. These daily, weekly or monthly calendars when used properly can simplify and adjust the patient's drug taking to his/her daily routine. Moreover, because of their constant interaction with patients, pharmacists are in an excellent position to employ and monitor the proper use of these calendars.

At the University of North Carolina, Martha Gabriel evaluated a daily drug calendar in an outpatient clinic and found that drug compliance was significantly improved. It appears that the calendar

can be used with success by the pharmacist practitioner for people with chronic conditions taking more than three prescribed drugs.

At a time when consumers are comparing services versus prices, offering to assist heavy drug users with their drug taking via a drug calendar could be a service that might increase patronage in your pharmacy. The time you commit to organizing calendars for your patients could result in a twofold return—loyal customers for your pharmacy and better health care for your customers.

'77 Enrollment Hits 564 Students—Females Now 55%

The 1977 school year proved again that pharmacy is a sought after professional choice with keen competition for admission. Actually, 414 applications were received for admission (or readmission) with only 168 acceptances. Of this number, 158 were admitted to the 2/5 year and 10 were either readmitted or accepted as transfers from other schools of pharmacy.

Classes by year are (females shown in parentheses):

5/5	122	(73)
4/5	139	(69)
3/5	145	(77)
2/5	158	(94)
	564	(313)

Graduate school enrollment is up slightly this year with:

Medicinal Chemistry	14
Pharmaceutics	9
Hospital Pharmacy	15
Pharmacy Administration	3
Total	41

a message from the dean

DR. TOM MIYA

Change is a way of life; change is a way of improving; and indeed change is a means of survival. The **SCRIPT** which has been published quarterly by the UNC School of Pharmacy for the past several years now becomes a part of **The Carolina Journal of Pharmacy**. To alleviate any anxieties on the part of NCPHA members, I hasten to add that the School is budgetarily responsible for the portion of the **Journal** titled the "Script." This is the premier issue. I hope that you will all like this means of sharing noteworthy as well as useful items about your School and the profession of pharmacy in the broadest sense.

The UNC School of Pharmacy was established in 1897 and has been in operation continuously for over eighty years. During the period 1897-1936 the School awarded 417 PhG (Graduate in Pharmacy), 8 P.D. (Doctor of Pharmacy) and 12 Ph.C. (Pharmaceutical Chemist) degrees. The four-year curriculum for the B.S. in Pharmacy degree was adopted in 1932, and the curriculum was extended to five years starting in 1960. Nationally there is now serious discussion of extending the curriculum yet another year and offering the Doctor of Pharmacy degree. As of last spring, June 1977, a total of 2,499 B.S. degrees in Pharmacy have been granted.

As the drug and health care delivery system changes nationally and at the same time becomes more sophisticated, the School must take up the challenges created. As you noted in the last issue of this **Journal**, we will be employing exclusively the 2-3 curriculum beginning the fall of 1978. This change will be ac-

complished without jeopardizing the quality of education. Indeed, it will be strengthened and at the same time allow more students to complete their first two years at an appropriate institution of higher learning other than UNC at Chapel Hill. In the long range, it will improve North Carolina pharmacy.

This Fall saw the introduction of the expanded Academic Externship Program (15 weeks) where our students will be learning from many practitioner-instructors (P-I). The success of this program is **a priori** almost assured, judging from the enthusiasm of many of the P-I's. This educational approach has many possibilities not only for the P-I to pass on knowledge to the students, but the opportunity for the P-I to learn in the process. The help and cooperation we are receiving are most appreciated.

The faculty will be discussing the development of a competency-based curriculum for the School. As we progress in this endeavor we will need your help and encouragement —both students and practitioners.

As we begin a new academic year with changes and anticipated changes, my overriding concern as I write this article continues to be the budgetary support for the only School of Pharmacy in the State. If support is not forthcoming, many of our on-going programs will have to be scuttled, resulting in less than a second rate School. I am hopeful and optimistic about the future, but I hope that this School is not placed in the embarrassing position of "closing the barn doors after the horses have escaped."

Student Branches Announces Future Programs

The Student Branches of the NCPHA and APhA are sponsoring the following programs for 1977-78. Everyone is invited to attend these presentations:

October 5, 1977

Topic: Allied Health Services

Speaker: John Mitchener, III, Edenton, NC

November 2, 1977

Topic: Malpractice Insurance

Speaker: Lamar Hammett, Hammett Insurance Agency, Concord, NC

January 18, 1978

Topic: Externship Program

Speaker: Externship staff and 5/5 students

February 1, 1978

Topic: Third Party Prescription Programs

Speaker: William H. Wilson, EDS Federal Corporation, Raleigh, NC

March 1, 1978

Topic: Professional Pharmacies

Speaker: Gary Newton, Prescription Center, Fayetteville, NC

April 5, 1978

Topic: Chain Drug Stores

Speaker: Banks D. Kerr, Kerr Drugs, Inc., Raleigh, NC

MEET OUR NEW FACULTY MEMBERS . . .



RAYMOND JANG, Ph.D., has joined the faculty as Associate Professor of Pharmacy Administration. His research and teaching interests include the social and psychological aspects of role changes in pharmacy and the evaluation of the quality of pharmaceutical services. He was most recently Assistant Professor and Director of Continuing Education at the University of British Columbia.

Previously he was employed as the key staff director in the U.S. Pharmacopeia Drug Selection Program. During this time he was also an Adjunct Assistant Professor with the University of Maryland School of Pharmacy.

He served as a research consultant to the American Pharmaceutical Association in evaluating pharmacy services for the poor and as a data processing consultant to the American Society of Hospital Pharmacists. He is Secretary of the Pharmaceutical Sciences Section of the American Association for the Advancement of Science.



WILLIAM ANTHONY WARGIN, B.S., Assistant Professor, is the newest faculty member in the Division of Pharmaceutics. He comes to the School from the state of Minnesota where he has been a lifetime resident. Wargin received his B.S. degree from the University of Minnesota College of Pharmacy and also completed his graduate work at the University of Minnesota. He is a Registered Pharmacist in that state and a member of the Rho Chi Fraternity.

Wargin's research interests include computer applications in pharmacokinetics and biopharmaceutics and applied pharmacokinetics in the areas of beta-adrenergic blocking drugs and aminoglycosides.

He is married and lives in the Chapel Hill area.

Students Attend AACP Meeting

Two UNC Pharmacy students attended the annual convention of the American Association of Colleges of Pharmacy, held in Seattle, Washington, August 7-11.

Frances Rader, a 4/5, represented the UNC pharmacy students, and Patsy Millar, also a 4/5, represented Region III. approximately thirty-five students representing twenty schools of pharmacy were in attendance.

Primary issue of concern for the students was the reorganization of "Council of Students (COST)." During the past year each school has been requested to submit ideas for reorganization in order to provide more efficiency and effectiveness. At the SAPHa convention in New York City in May, regional delegates of COST convened and drew up a set of proposals for presentation and action at the AACP meeting.

Proposals which were accepted included change of name to "Organization of Student Representatives;" another modification deleted the office of Regional Representative and provided that student members of the national committees act as delegates. (Patsy Millar was appointed to the Finance Committee for 1977-1978).

Another matter discussed was election vs Presidential appointment of students to standing committees of AACP. This study will be made during the year.

If you desire more information about this informative and educational meeting, you may contact Patsy Millar or Frances Rader.

From THE STUDENT GOVERNMENT . . .

George Abercrombie
Student Body President

Another busy and exciting year is on tap for the Pharmacy School Student Senate. This academic year will certainly prove to be one of change for the UNC Pharmacy School in many ways, and the members of the Student Senate are eager to see that the Student Body is well represented in the administration's decision-making process.

The Senate is a representative organization designed to be a forum for student opinions on important issues within the School. Members of the Senate include the Student Body Officers (President, Vice-President, and Secretary-Treasurer of each class) and two members from each recognized organization in the Pharmacy School. Those organizations currently represented on the Senate include: Student Branches of the North Carolina Pharmaceutical Association and American Pharmaceutical Association, Kappa Epsilon, Kappa Psi, Rho Chi, and Phi Delta Chi. Two new organizations are represented on the Senate this year: Student National Pharmaceutical Association (SNPhA) and Phi Lambda Sigma. The Student National Pharmaceutical Association was founded in 1972 by a group of minority students concerned with the lack of minority representation in

developing and implementing policies and procedures in the existing pharmaceutical organizations. The purpose of SNPhA is to plan, organize, coordinate, and execute programs geared toward the improvement of health, educational, and social environment of the minority community. Phi Lambda Sigma, the School's honorary leadership society, recognizes those students who demonstrate exceptional leadership abilities in the various professional organizations.

Current issues being considered by the Senate include: (1) reorganization of the Senate into the nationally recognized Organization of Student Representatives, (2) honor code violations, (3) the availability of well paying summer externship within the state, and (4) School representation in the University Student Government Organization.

Last spring, Dean Miya appointed a Task Force to develop a standard course/professor evaluation form to be used in all professional pharmacy courses. The evaluation form was validated and revised and is now ready to be administered in all pharmacy courses. All students have been urged to approach the course evaluations in a serious manner, taking enough time to give each question appropriate consideration. The Senate feels this standard evaluation process for all the professional courses is an excellent method of pinpointing the stronger and weaker areas of a course (from the student's perspective), thus enabling the instructor to make positive changes where needed.

DRUG INFORMATION REPORTS

Edited by David Rudd
Coordinator, Drug Information Program
Instructor, Clinical Pharmacy, UNC
School of Pharmacy

This issue marks the beginning of Drug Information Reports which present topics of interest to North Carolina pharmacists, such as new drugs, new indications for old drugs, significant drug interactions, dosage regimens, toxicities and problems with patient compliance. The Report is a coordinated effort of the School's Drug Information Program and the Drug Information Center, North Carolina Memorial Hospital.

Although this service has not previously been publicized, many practicing pharmacists have begun to utilize it. Because of the growing interest in our services, we have realized that it is highly probable that other health professionals with limited reference materials could benefit from our Center. Therefore, we have decided to make our services available on a state-wide basis.

Please feel free to contact our Center if you feel that we may be of assistance. In order for us to serve you with accurate and appropriate responses, there are two things which you could do which would be most beneficial:

- (1) Most importantly, please provide us with all available patient history. For instance, other than the usual age, sex, race, and dosage data, the proper response to an adverse reaction question would be dependent upon the patient's disease state, previous allergic history, recent food or alcohol intake, kidney and liver function, as well as what other prescribed or OTC drugs he has been taking.
- (2) Please provide us with a list of the references you have already checked so that we will not duplicate your efforts.

After we have thoroughly researched your question, we will contact you with the results. Sometimes, depending upon the question, a telephone call will suffice. At other times, we will prepare a more formal response, complete with bibliography, and forward this to you. If no clear-cut answer is available, we will attempt to provide information on all aspects of the issue, together with our opinion, so that you and the physicians with whom you are working can make a decision.

The Drug Information Center is open from 8:30 a.m. to 5:00 p.m. Monday through Friday. Please contact David Rudd, R.Ph., M.S. or Carolyn Clayton, Research Assistant, Drug Information Center, North Carolina Memorial Hospital Pharmacy, Chapel Hill, N. C. 27514. Telephone (919) 966-2373.

RECENT ADDITIONS TO THE MEMBERSHIP ROLL N. C. PHARMACEUTICAL ASSOCIATION

NEXT PUBLISHED LIST: NEW MEMBERS 101 THROUGH 150

1. Rheta E. Skolaut, Durham
2. Clifford R. Butler, Chapel Hill
3. Margaret M. Hartis, Winston-Salem
4. Tamara M. Mitchener, Charlotte
5. Loretta Carraway, Windsor
6. Bobbie S. Barbrey, Raleigh
7. Russell G. Sigmon, Jr., Conover
8. Kathryn Edwards, Raleigh
9. Ruth T. Wright, Flat Rock
10. Maryellen Holt, Burlington
11. L. Craig Lewis, Winston-Salem
12. James S. Matthews, Clinton
13. John E. Nance, Greensboro
14. W. E. Lesh, Jr., Bolivia
15. Katherine Sawyer, Erwin
16. Nina Shehan Faulkner, Asheville
17. James T. Penland, Charlotte
18. Margaret P. Ramsey, Gastonia
19. James L. Olsen, Chapel Hill
20. Jean W. Bliss, Charlotte
21. Larry C. Burks, Chapel Hill
22. Wilson C. Simmons, Winston-Salem
23. Paul L. Fisher, Jonesville
24. Marsha B. Taylor, Zebulon
25. Mark S. Reinhard, Rocky Mount
26. Joe Chandler, Eden
27. A. W. Benthall, Ahoskie
28. John W. Saunders, Wendell
29. Tom S. Miya, Chapel Hill
30. J. Heyward Hull, Chapel Hill
31. Robert Leo Smith, Chapel Hill
32. Gail S. Fowler, Faith
33. Kenneth P. Hardin, Jr., Forest City
34. David A. Ehrlichman, Clinton
35. Linda R. Tinkler, Asheboro
36. Albert S. Clay, Fuquay-Varina
37. Robert A. Coleman, Burlington
38. William W. Morris, Bessemer City
39. Frances C. Mackie, Winston-Salem
40. Robert H. Reynolds, Jr., Lumberton
41. Robert W. Kiger, Shelby
42. Betty Hill Dennis, Chapel Hill
43. Ralph H. Raasch, Chapel Hill
44. Mary Franklin Petty, Sparta
45. George N. Jennings, Charlotte
46. Richard H. Marx, Charlotte
47. Freddy J. Rabon, Marion
48. Ben Tillett, Jr., Roxboro
49. Robert U. Whatley, Brevard
50. Rodney L. Eddinger, Spencer
51. Stephen C. Dedrick, Durham
52. Nicholas S. Stevenson, Greensboro
53. Wallace E. Nelson, Hertford
54. Henry H. Herring, Jr., Roseboro
55. E. Bruce Carlton, Jr., Clinton
56. Ted Weant, Rocky Mount
57. Marilyn A. McConnell, Greensboro
58. Bertram Tang, Hickory
59. James C. Davis, Jr., Waxhaw
60. Lonnie Wood Farless, Merry Hill
61. Norman V. Carroll, Mocksville
62. Carl Johnson Bennett, Jr., Morganton
63. Cathy L. Allen, Bladenboro
64. Jerry Barrett, Shelby
65. Ronald Gainey, Durham
66. Lacy A. Garner, Jr., Henderson
67. Jane C. Hall, Charlotte
68. June C. Hall, Asheville
69. Susan F. Morris, Lumberton
70. Jennifer Lucille Stancil, New Bern
71. Marshall R. Sweat, Carthage
72. Michael Warren, Roseboro
73. Doug Barrow, Wilson
74. Irwin H. Kaplan, Sneads Ferry
75. John D. Moore, Durham
76. Earl Cliff Black, Forest City
77. Deborah L. Cranfill, Winston-Salem
78. R. Darrell Jenkins, Jr., Raleigh

79. Edwin Leigh O'Neal, Belhaven
80. Milton L. McCoy, Wilmington
81. Michael C. Rash, Kinston
82. Peggy R. Shoaf, Charlotte
83. Larry D. Floyd, Greenville
84. Sharon S. Davis, Asheville
85. Harvey A. Mitchell, Jr., Franklin
86. Pat Hester, Greensboro
87. Martha R. Mayo, Charlotte
88. John F. Watts, Taylorsville
89. James M. Taylor, Mooresville
90. Rebekah Braswell, Chapel Hill
91. Ben Brown, Jr., Cary
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93. Eugene C. Lewis, Eagle Springs
94. Louis R. Adams, Greensboro
95. William T. Sawyer, Charlotte
96. Griffin Wakefield, Charlotte
97. Janet G. Boney, Wilmington
98. Albert J. Rachide, Goldsboro
99. Henry L. Stewart, Pikeville
100. James Ronald Newby, Roanoke Rapids



Alarm-Related Response Procedures And Supplementary Information

by Thad L. Weber, Security Consultant, SK&F Laboratories

In the preceding issues we have discussed the necessity for the effective placement of intruder detection devices and a remote monitoring station that operates 24 hours, seven days a week.

The prompt and effective response by police and/or alarm company guards is equally important since today's criminal will keep looting until someone capable of stopping the attack arrives. To assure effective prevention of loss, I suggest the following:

1. Give the police and/or alarm company accurate instructions concerning your address, the perimeter of the premises, possible escape routes, location of lighting switches, and telephone numbers where someone can be reached who can admit the police or guards to the premises.
2. When keys to the premises are furnished to the alarm company, test them periodically for mechanical operation, and fur-

nish new keys any time a lock cylinder is changed or added.

3. Check that police and alarm company records reflect current daily business hours so that police will know if an employee is likely to be on duty when alarm signals are received.

Note. This is particularly important where police-connected alarm systems include both burglary and holdup alarm sensors, since police station monitoring techniques do not permit them to distinguish one alarm condition from another.

4. Provide signatures, photographs and descriptions of pharmacy employees responsible for opening, closing or supervising the business to the police or alarm company guards for proper identification in emergencies.
5. Make the alarm contractor who installs the sensors responsible for promptly determining the cause of all false alarms and for

immediately repairing the equipment or eliminating the condition which caused the unnecessary alarm. You should cooperate if building structure or operation conditions require repairs or changes on your part.

Burglar Alarm Systems— Supplemental Information

1. All sensors and control units installed at the premises should be operated from a reliable power source equipped with a standby power supply that will sustain the



Thad L. Weber

system without interruption during power outages for periods of at least five hours during sustained power failures.

2. Alarm shunt control locks, required where police station supervision is involved, should be a time-delay type installed inside the premises, rather than on the outside of the premises' entrance door.
3. Prior to the installation of a burglar alarm system, you should analyze crime insurance requirements and/or incentive discounts which may be available to reduce crime insurance premiums.
4. More than one alarm sensing circuit may be supervised on a single central station direct wire

system, e.g., the safe alarm, perimeter, motion detection and holdup signal devices may all be on a single monitoring position. The same applies to circuits covering multiple floors in the same building.

5. Select alarm contractors on the basis of their experience, insurance company and police department recognition, and their reputation for integrity and service in the community. I suggest you ask each prospective contractor for a list of his major customers, then call those people and obtain their comments.
6. Most burglar alarm contractors lease and retain title to their systems after making a nominal charge for installation labor and materials. If you have a short-term lease, this is probably the best arrangement. However, if you own your property or carry a long-term lease (five or more years), you may find it advantageous to obtain outright purchase quotations for comparison.
7. Alarm system contracts deserve your careful consideration and review by your attorney prior to execution to ascertain that the limitation of the alarm contractor's liability, the length of the agreement, price escalators, etc. are clearly understood.
8. Anyone familiar with the education, training, skill and experience required to prepare prescriptions can easily understand that burglar alarm systems are no do-it-yourself matter. However, careful thought should be given to price variations between competing alarm contractors. Make certain that both proposals are based on exactly the same terms, conditions and extent of alarm coverage.

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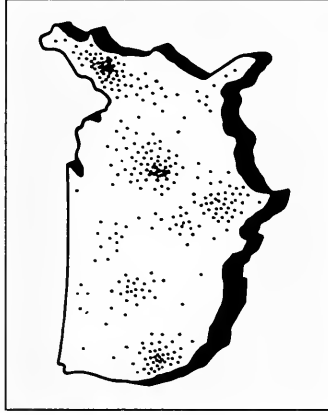
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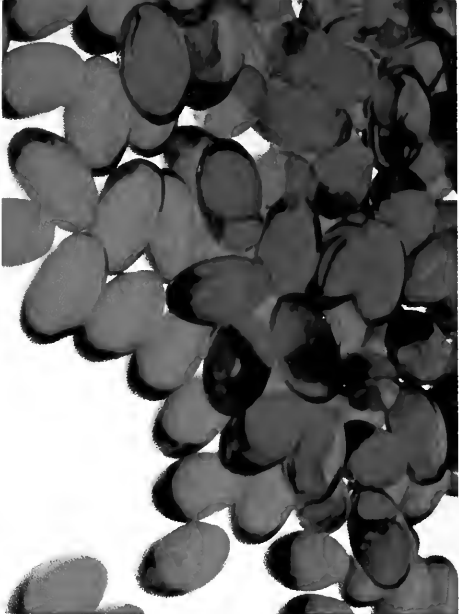
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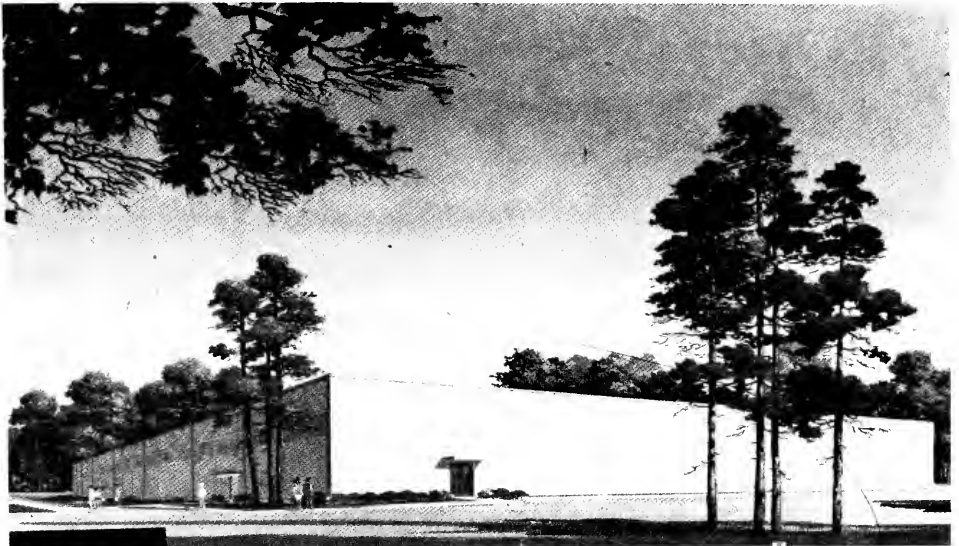


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SCHOOL OF PHARMACY



Associate Dean LeRoy D. Werley, Jr. (right), UNC School of Pharmacy, the 1977 recipient of the Don Blanton Memorial Award, is shown with Charles D. Blanton, Jr. who presented the award in recognition of Werley's outstanding contributions to the advancement of N. C. Pharmacy. As Assistant Dean, Werley bridged the gap following the death of Dean Blaug and the appointment of Dean Tom S. Miya.—Photo by Colorcraft Corporation.

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, Box 151, Chapel Hill, N. C. Subscription rate: \$3.00 a year; single copy, 25 cents. Second class postage paid at Chapel Hill, North Carolina 27514.

POLITICAL SCENE

• William L. (Bill) Johnson, Jr., Corner Drug Store, Franklinton, is a candidate for the post as town mayor. Since he is the only candidate, his election is assured.

• W. H. (Bill) Wilson, a past president of the N. C. Pharmaceutical Association, is a candidate for a seat on Raleigh's City Council. Primary October 11; general election November 8.

• James H. (Jim) Freeman is a candidate for mayor of Dublin. From 1967 to 1975, Freeman served as mayor of Dublin. A former co-owner of Dublin Drug Company, he is now manager of Revco Drugs, Lumberton.

SCOUTS VISIT CENTRAL EUROPE

Three Greenville Eagle Scouts and their Scoutmaster, Pharmacist George Williams, visited much of Central Europe this past summer by plane, train, boat and much walking.

Williams, an ex-Army paratrooper, now pharmacist at the Jones Alcoholic Rehabilitation Center in Greenville, planned the tour and got the group in shape for the trip by having the scouts run a three mile course with full gear every day for two months. (Full gear weighs 40 pounds, including ponchos needed for the rainy days).

The trip started in New York on July 13th, the day New York was hit with a blackout, and ended in Western Pennsylvania at a Boy Scout National Jamboree.

BOB HALL ELECTED

Robert B. Hall, Mocksville pharmacist, has been elected vice chairman of the Executive Committee of the Campbell College Board of Trustees.

CORNWELL PROMOTIONS

Billy Mac Smyre to manager of Newton Rexall Drug, Newton.

Allan M. Propst to manager of Kings Mountain Drug Company, Kings Mountain.

DAYVAULT HEADS CABARRUS ORGANIZATION

Newly elected officers of the Cabarrus County Pharmaceutical Association are:

Bob Dayvault, president; Bernie Nance, vice president; Mike Clark, secretary; and Bill Harris, treasurer.

All of the officers are associated with pharmacies in the Concord and Kannapolis area.

William Sawyer, pharmacy coordinator for the Area Health Education Center (AHEC) in Charlotte, was guest speaker at the organizational meeting.

THE SBI's DRUG PRICE ESTIMATES

This table lists the current "street" or market value of controlled drugs available in North Carolina. The prices are averages. Specific prices vary widely in different areas.

Table furnished by the N. C. State Bureau of Investigation.

Drug	Per Dosage Unit
Dialudid	\$25
Morphine	\$12.50
Heroin	\$10 (1)
MDA	\$10 (2)
Preludin	\$9
Cocaine	\$8 (3)
PCP	\$5 (4)
Amphetamines	\$2.50 (5)
LSD	\$2.50
Benedrine	\$2
Dexedrine	\$2
Luminol	\$2
Methedrine	\$2
Amytal	\$1.50
Nembutal	\$1.50
Phenobarbital	\$1.50
Seconol	\$1.50
Doriden	\$1
Equanil	\$1
Miltown	\$1
Valium	\$1
Hashish	\$.60 (6)
Marijuana	\$.40 (7)

N. C. PHARMACEUTICAL ASSOCIATION

Al Mebane Named Associate Director

Alfred H. Mebane, III of Greensboro has been named Associate Director of the North Carolina Pharmaceutical Association, effective October 17, 1977.

Mr. Mebane, a 1955 graduate of the School of Pharmacy, University of North Carolina, was the owner and manager of Elm Street Pharmacy, Greensboro, at the time of his selection as Associate Director of the NCPHA. The pharmacy has been sold to J. Frank Burton.

Well known to many North Carolina pharmacists, particularly in his capacity as General Convention Manager of recent annual meetings of the NCPHA, Mr. Mebane comes to the official staff in Chapel Hill with a unique background of professional expertise, initially as an outstanding student in pharmacy at Chapel Hill, later as the manager of a community pharmacy in Greensboro and still later, as the owner and manager of Elm Street Pharmacy.

At Chapel Hill, Mr. Mebane was president of the Pharmacy Senate, President of the Junior Class, a Laboratory Assistant and First Aid Instructor, Treasurer of the Student Body and a member of the Kappa Psi Fraternity.

Following graduation, he accepted employment with the Franklin Drug Store organization of Greensboro and, at the time Franklin Drug was sold to Rite Aid, Mr. Mebane purchased one of Greensboro's leading uptown pharmacies: Elm Street Pharmacy.

His local organizational activity includes service as president of the Greensboro Society of Pharmacists and later, secretary-treasurer of the organization.

At the state level he served as president of the North Carolina Academy of Practical Instructors in Pharmacy, a Visiting Clinical Instructor in Pharmacy at UNC, and over the years, numerous NCPHA committees benefitted from his wise counsel.

A partial listing of his professional affiliations, starting with NCPHA membership the

year he was licensed to practice pharmacy in North Carolina, 1956, includes N. C. Association of Professions, APhA Academy of General Practice of Pharmacy, the APhA and the NARD.

The Mebanes are members of the Star-mount Presbyterian Church, Greensboro, where Mr. Mebane is a Deacon and Ruling Elder.

The Mebane Family includes Al, his wife, Betsy; a daughter, Ann; and two sons, Holt and Alex. Betsy has served as President of the Greensboro Drug Club Auxiliary and is currently Treasurer of The Woman's Auxiliary of the NCPHA.

The Mebanes have purchased a home in Chapel Hill with occupancy to take place this fall following some renovation. Mr. Mebane's mother has been a resident of Chapel Hill for several years.

W. J. Smith, Executive Director of the NCPHA since 1940, will continue in that capacity.



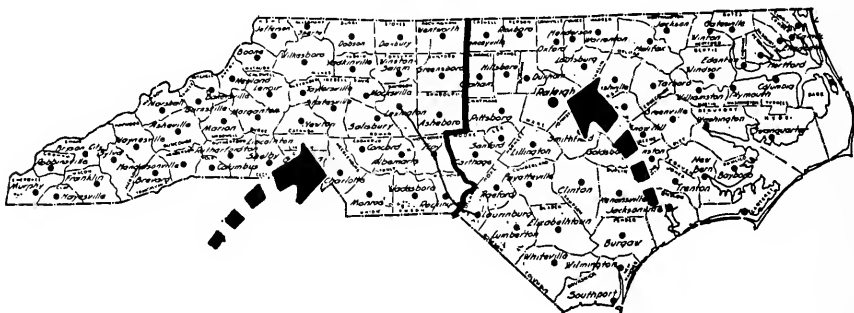
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PHARMACEUTICAL SPEAKER'S BUREAU

Sponsored by the N. C. Pharmaceutical Association in cooperation with the School of Pharmacy, UNC/CH. Invitations, subject to availability of speaker, to be mailed to the N. C. Pharmaceutical Association, PO Box 151, Chapel Hill, NC 27514, noting time and place. Reimbursement to speaker for travel expense and housing, where necessary, is suggested. Due to prior commitments, indicate first, second and third choice.

1) Leonard Berlow

- WHY KIDS USE DRUGS (lay group)

2) Candace K. Bryan, Pharm.D.

Dr. Bryan is on President Carter's Council on Adolescence and HEW Committee on Management of Children with Cystic Fibrosis.

- ADOLESCENT MEDICINE
- PEDIATRIC ONCOLOGY

3) Jean Paul Gagnon, Ph.D.

- CONSUMER PERCEPTIONS OF THE IMPORTANCE OF PHARMACEUTICAL SERVICES
- ADVERTISING AND PROMOTION FOR COMMUNITY PHARMACY OPERATIONS (for presentation to pharmacists)
- INVENTORY CONTROL: THEORY AND PRACTICE (for presentation to pharmacists)

4) George P. Hager, Ph.D.

- FORTY YEARS OF PROGRESS IN DRUG THERAPY
- THE PHARMACIST'S FUTURE—SOME OPTIONS AND PROSPECTS

5) Richard J. Kowalsky, Pharm.D.

- NUCLEAR PHARMACY (Medicine)
- RADIOACTIVITY IN MEDICINE

6) Arthur J. McBay, Ph.D. (State Toxicologist)

- DRUG ABUSE
- POISONS

7) Tom S. Miya, Dean

- PHARMACEUTICAL EDUCATION: TRENDS IN PHARMACY; ENVIRONMENTAL TOXICOLOGY

8) Claude U. Paoloni

- PHARMACY AHEC PROGRAM (professional groups)
- CONTINUING EDUCATION FOR PHARMACISTS IN NORTH CAROLINA (professional groups)

9) William S. Sawyer (Charlotte AHEC)

- OTC PRODUCTS: FACT AND FANTASY (preferably lay groups)
- DRUG INTERACTIONS: IMPACT ON HEALTH CARE (preferably lay groups)

**ADDITIONS TO THE SPEAKER'S BUREAU WILL BE WELCOME
WRITE THE NCPH**

GET TO KNOW YOUR PHARMACIST

A unique new pharmacy public relations program, developed by Eli Lilly and Company, covering patient compliance, drug interactions, adverse interactions and OTC drugs, is now available—four 30-second videotape public service announcements. See second cover for details.

TAR HEEL DIGEST

KENANSVILLE

The Bank of North Carolina has named Amos Q. Brinson, Jr. to serve on the bank's board of directors in Kenansville. Mr. Brinson is a graduate of the UNC/CH School of Pharmacy and co-owner of Kenansville Drug Store.

APEX

Bennett's Pharmacy, successor to Apex Pharmacy, opened in early October with Charles Bennett, Jr. as owner/manager. Mr. Bennett is a native of Apex; was associated with a Southern Pines pharmacy for several years before returning to his hometown for service, among other responsibilities as president of the Apex Lions Club.

ALBEMARLE

Phillips Drug Store, located in downtown Albemarle, dispensed Rx #1,000,000 in mid-September. The owner, Pharmacist Tom Yost, says Rx #2,000,000 will not take as long (1935 to 1977).

WHITEVILLE

Dwayne Eissens, a graduate of Mercer University Southern School of Pharmacy in Atlanta, has joined the pharmacist staff at Simmons Drug, Whiteville.

ABERDEEN

Marshall R. Sweat, a 1977 graduate of the UNC/CH School of Pharmacy, has joined the staff at Bryan Drug Company as pharmacist. He served as 1977 Carthage Chairman of the Moore County Cancer Society.

DANBURY

Stokes Pharmacy of Danbury is now operational opposite Stokes-Reynolds Memorial Hospital. Two pharmacists, O. O. Grabs and

Joe Perkins of King will operate the pharmacy on a rotation basis.

LESTER FISHER MARKS #60 AS PHARMACIST

November 12 marked the 60th anniversary of Statesville Pharmacist Lester Fisher's registration as a North Carolina Pharmacist. His original license was issued in 1917.

For many years, Mr. Fisher was owner and manager of Fisher Drug Company, Statesville. Now, nearing the 90 mark, Mr. Fisher is one of the oldest pharmacists in the state.

Prior to opening his own pharmacy, he was first (1925) associated with the Polk Gray Drug Company of Statesville and later (1932) purchased an interest in the pharmacy with Ralph Holmes as partner.

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Your Association's Collection Service is an affiliate of a national organization currently serving members of more than 700 leading trade associations throughout the nation.

Don't lose sales volume because customers owe you money and are trading somewhere else. Your Association's Collection Service will chase those debtors back into your place of business to pay YOU direct. You will get accounts OFF your ledger and IN your bank account—and you will also have many former customers back doing business with you again. For information, contact your Association office. It will pay you to do so.

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Stock with assurance. Dispense with insurance.

Geigy Pharmaceuticals shall indemnify and hold harmless any pharmacist, or his employer, against any product liability suit arising as a result of the pharmacist dispensing a **Geigy** product.

This indemnification shall include the payment by **Geigy** Pharmaceuticals of all reasonable expenses and attorneys' fees incurred by the pharmacist, or his employer, in connection with said law suit, and the assumption by **Geigy** Pharmaceuticals, where appropriate, of the defense of the action through its own attorneys.

This agreement by **Geigy** Pharmaceuticals to indemnify and hold harmless, as set forth above, is expressly conditioned upon the pharmacist, or his employer, im-



and every pharmacist who dispenses it.

mediately notifying the Company of any claim, demand, or the service of any complaint. This agreement is further expressly conditioned on the pharmacist, or his employer, providing full cooperation to the Company, including complete access to all relevant records, and on **Geigy** Pharmaceuticals having complete control over the conduct and disposition of any claim, demand, or law suit.

This agreement is not applicable if **Geigy** Pharmaceuticals determines that there is evidence of any improper or negligent statement or act, or omission to act, by the pharmacist, or his employer, or if **Geigy** Pharmaceuticals determines that there is evidence that the product has not been properly stored or properly dispensed.

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SPARTANBURG, SOUTH CAROLINA 29101

31st ANNUAL MEETING

NORTH CAROLINA

PHARMACEUTICAL RESEARCH FOUNDATION, INC.

Chapel Hill, N. C.—September 27, 1977

MORNING SESSION—102 Beard Hall

C. D. Blanton, Jr., President, Presiding

Present: [Officers and Directors]—C. D. Blanton, Jr. (President), W. T. Boone, B. C. Brooks, T. R. Burgiss (and guest—Ms. Jackie Little), D. D. Claytor, J. L. Creech, D. R. Davis, Jr., W. A. Gilliam, G. P. Hager (Secretary), J. C. Hood, Jr., H. A. Moose, R. H. Sloop; [Directors-Elect]—E. A. Brecht, H. V. Day, J. E. Mills; [Faculty]—G. H. Cocolas, T. S. Miya, C. U. Paoloni, C. Piantadosi, L. D. Werley, J. K. Wier.

Dean Miya expressed sincere appreciation for the Foundation's support of the School of Pharmacy especially in view of the School's great need for this support because of limited state and federal support. He discussed briefly the impending changes in pharmacy practices and the education of pharmacists, pointing out that deliberations that hopefully will lead to a Doctor of Pharmacy (Pharm.D.) program are now underway. Twenty-five of the nation's 72 schools of pharmacy now have Pharm.D. programs and, of these, all but the three California schools offer the B.S. in Pharm. program as well.

Curriculum and Finances.—Mr. Werley discussed the curriculum and the finances of the School and his written reports prepared for the Board were distributed. He expressed appreciation to the Board for the \$41,952.77 (or \$42,190.64 from audit report), including a \$1,000 student award, that was provided to the School during the past year; and he noted especially the \$11,511.33 in Foundation funds that was used as matching funds for a large federal grant for student loans.

Admissions and Enrollment.—Admissions to the School of Pharmacy are decisions of the Committee on Admissions that are based on a careful study of prepharmacy grade point averages, Scholastic Aptitude Test scores (SAT's), Pharmacy College Admission Test scores (PCAT's) and on interviews with many of the applicants. Preference is given to North Carolina residents. A minimum fulltime student equivalent enrollment of 148 in the first professional year is an assurance given to the federal government when applying for a Capitation Grant. Very few students could be admitted this year above the level of the 2/5 year because classes were filled. Dr. Cocolas mentioned that 57% of the School's student body now consists of women students and he discussed briefly the implications of the growing proportion of women pharmacy students nationally. A lengthy discussion of North Carolina's need for pharmacy graduates ensued. At present there appears to be no objective reason to increase or decrease the number of students (approximately 135) graduating annually from the School. A summary of enrollment data prepared for the Board by Dr. Cocolas was distributed.

Student Financial Aids.—Dr. Wier discussed the financial aids from all sources that are granted to pharmacy students to-date in the 1977-8 fiscal year in comparison with previous years. He acknowledged with special appreciation the support of the Foundation as mentioned also by Dean Miya. Dr. Wier's written summary was distributed.

Continuing Education and Externship Program—Mr. Paoloni discussed his comprehensive and informative written report that was distributed to the Directors. The outstanding Area Health Education Centers program in which the School of Pharmacy participates is becoming a resource of increasing importance in continuing education and externship training.

Graduate Education and Research.—Dr. Piantadosi discussed the graduate education and research training programs, the growth of which is evident in the numbers of students and programs at the School of Pharmacy—12 students in medicinal chemistry or pharmacy in 1966-67 compared to 43 students in 1977-78 (14 in medicinal chemistry, 10 in pharmaceuticals,

(Continued on Page 15)

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16 in hospital pharmacy, and 3 in pharmacy administration). Details about these programs are contained in the summaries prepared by the Division Heads and compiled by Dr. Piantadosi as Chairman of the Committee on Graduate Education and Research.

Dean Miya terminated the morning session by acknowledging the great importance of the Foundation's support for the School's graduate programs, now including the needs of the programs in hospital pharmacy and pharmacy administration.

LUNCHEON

A luncheon in the Carolina Room of The Carolina Inn for the Directors and their wives or guests was attended also by Mr. Charles M. Shaffer, Director of Development for the University and by members of the faculty of the School of Pharmacy who had participated on the morning's program. Mr. Shaffer extended the University's appreciation to the Foundation and discussed briefly a three-year fund raising campaign undertaken by the University starting in 1977. During the afternoon business session, the following description of the program was distributed, "Guidelines for Enhancing the Development Program of the University of North Carolina at Chapel Hill, January 1, 1977-December 31, 1979.

AFTERNOON BUSINESS SESSION—INSTITUTE OF PHARMACY

C. D. Blanton, Jr. Presiding

Present: Ms. Lila C. Barnett (representing N.C.N.B. fiscal agent), C. D. Blanton, Jr. (President), W. T. Boone, E. A. Brecht (Director-Elect), B. C. Brooks, T. R. Burgiss (and guest, Ms. Jackie Little), D. D. Claytor, J. L. Creech, D. R. Davis, Jr.; H. V. Day (Director-Elect), S. T. Forrest, W. A. Gilliam, G. P. Hager (Secretary), J. C. Hood, Jr., J. E. Mills (Director-Elect), T. S. Miya (Dean—School of Pharmacy), H. A. Moose, R. H. Sloop, W. J. Smith (Executive Director, NCPHA).

President Blanton opened the meeting by recognizing the new Directors and Directors-Elect. He also introduced Ms. Barnett and Ms. Jackie Little.

Minutes of the Annual Meeting, September 28, 1976.—Approved as distributed.

Communications.—The Secretary reported the following communications: a memorandum to the Directors on the occasion of the death of former Director Dewey S. Mims, January 1, 1977; a letter to Mr. Waits A. West on behalf of the Directors following the death of his father, former Director W. Latham West; a telephone conversation with Director W. Dorsey Welch, Jr. who has been hospitalized repeatedly during the past summer; a letter from Director Jesse M. Pike withdrawing his name for nomination to the Executive Committee; a copy of the "Guidelines for Enhancing the Development Program of the University of North Carolina at Chapel Hill, January 1, 1977-December 31, 1979." A copy of the latter was distributed to each Director.

Report on the 1976-77 Fund Drive.—The details on the fund drive appear in the Secretary's written report (Part I) distributed to the Directors. If five very large contributions are excluded, this year's drive was the most productive of any in the third decade of the Foundation with 479 contributions totaling \$24,793. The average number of contributions per year has increased from 147 in the 1948-57 ("first") decade to 284 in 1958-67 ("second") decade to 446 in 1968-77 ("third") decade. These increases in the number of contributions are reflected in the amounts contributed: \$165,108 in the first decade, \$155,763 in the second decade, and \$417,442 in the third decade.

This year, 50 of the 96 counties equalled or exceeded their average contributions for the preceding five years, and 26 counties reached or exceeded the goal of \$10.00 per pharmacy average. Five of the 23 multi-county regions exceeded their goal and these are identified in the written report.

Twenty-six corporate gifts totaling \$14,892 (exclusive of 1 very large corporate gift) is a record both in number and total amount contributed for the third decade.

(Continued on Page 17)

A lot more goes into Abbott drug products than simply drugs.




*This is the
drug that
Chun checks.*

Alex Chun, Ph.D., Abbott research pharmacist, on bioavailability studies:

"We're not sure about other erythromycins. What we know is about our erythromycin . . . Erythrocin® . . . based on what this particular drug is supposed to do, and how it actually performs under the strictest of bioavailability testing.

We've been conducting . . . and publishing . . . bioavailability tests for about twenty-five years, even before the federal regulations called for this type of data. They were just called blood level studies at that time. Today the methodology and the data required call for a great deal more sophistication. We're proud of the fact that some of the fallout from our work here at Abbott resulted in contributions to the current guidelines for bioavailability studies.

Requests for bioavailability information come to us from pharmacists, physicians, hospitals, researchers and other health care professionals. More and more, the people who prescribe and dispense drugs want to know more about them. Our bioavailability studies confirm that the dosage forms we develop deliver their contents in the most effective manner." 7083205



*This is the drug
The doctor prescribed
That you dispensed
That the patient took
That Chun checked.
We're in this together.*

ABBOTT LABORATORIES *Pharmaceutical Products Division* North Chicago, Illinois

One of the final statements of the written report (Part I. Fund Drive) should be repeated here with all possible emphasis: *The Foundation's steady growth while, at the same time, its provision of very substantial sums to help satisfy urgent and ever-growing needs of the School of Pharmacy, is evident in the foregoing data and analysis.* If only there were some way to make equally evident the sincere gratitude that is owing to the contributors to the Foundation—individual and corporate—to the County Solicitation Chairman and Regional Coordinators who are responsible for much of the success of the Foundation's fund drives, and to the officers and Directors of the Foundation for their unselfish and devoted efforts in the Foundation's interests!

Auditor's Report and Financial Status.—A copy of the Auditor's Report was distributed in advance of the meeting to all of the Directors. Part II (The Financial Status of the Foundation) in the Secretary's written report was a summary of the last thirty years of the Foundation's history. A few of the highlights drawn from this summary (Table III) pertaining to the growth and viability of the Foundation were presented at the meeting.

In the third decade, the \$208,511 income from investments is almost the exact amount (\$21,000 per year) requested by the Investment Committee early in the decade, and the fiscal agents—N.C.N.B. and C.C.B.—should be commended for their performance relative to this aspect of managing the Foundation's endowment funds.

Since the primary purpose of the Foundation is support for the School of Pharmacy, there is reason for gratification in the fact that of the \$350,601 available in the third decade for support of the School, \$305,736 or 87.2% actually were expended in support of the School. At the same time the expendable funds in reserve have increased from an average of \$37,891 at end of the years in the second decade to \$79,591 at the end of the 1976-77 fiscal year. These reserves plus contributions to the Expendable Gifts and Income Fund plus the 1977-78 income from investments of the endowment funds (\$24,793 in 1976-7) will be available for support of the School during the present fiscal year, including the \$52,150 budgeted for 1977-78. Substantial reserves have made it possible for the Foundation to provide sizeable amounts from time-to-time on a contingency basis.

Operating expenses during the third decade amounted to \$37,078 which is 12.1% of the total expenditures during this period (\$305,736).

Although there was a net loss in the endowment due to disposal of investments for four straight years, in 1976-77, there was a net increase (\$6,567.14). Certainly substantial gains in the endowment funds are desired and hopefully the economy will enable the Foundation's fiscal agents to manage its investments so that gains will greatly exceed the losses in the disposal of the investments and also appreciation of the holdings will be realized in the years ahead. Nevertheless, a very significant measure of success is the increase in the Foundation's *total assets* from an average of \$80,539 in the first decade to \$246,880 in the second decade to \$525,872 at the end of 1976-77. As stated in the written report, these total assets *are* a pinnacle in the Foundation's 31-year history and a springboard for still greater things ahead.

1977-78 Budget.—Following a discussion of the Faculty Development line (the administration of which has changed as the faculty has increased at a much higher rate than the resources of the Foundation) and an announcement by Dean Miya that SCRIPT, the School's newsletter, will hereafter no longer be published and distributed separately but will be incorporated in The Carolina Journal of Pharmacy; the budget for 1977-78 (tentatively approved in July by the Executive Committee) was approved by the Board.

Report of the Investment Committee.—Mr. Brooks, in the absence of Chairman Rogers, reported on the Committee's meeting with the fiscal agents on September 17, 1977. The Committee had also met with the fiscal agents on February 2, 1977. On the Committee's recommendation, action was taken to continue N.C.N.B. and C.C.B. as fiscal agents for the Foundation.

During the discussion, Dean Brecht commented on the Orange Savings and Loan Association and also the Pfizer holdings. The name and address of one of the fiscal agents was subsequently requested by and supplied to Dean Brecht.

(Concluded on Page 19)

The straighter they talk, the better things get.



Fred M. Eckert, R Ph, Assoc.
Professor of Hospital Pharmacy
Chapel Hill, N C



Sam McConnell, Jr., R Ph
Community Pharmacist
Scottsdale, Arizona



John Spicer, R Ph
Community Pharmacist
Fowler, Michigan



Benjamin F. Cooper, Ph D.,
Dean, School of Pharmacy
Auburn University, Auburn, Ala



Don F. Gould, R Ph, Chairman
of the Board, Gould Drug Company
Mt. Pleasant, Michigan



Bill H. Hotelling III, R Ph, Director
of Pharm. Services, Children's Hosp.
National Medical Center, Wash., D C



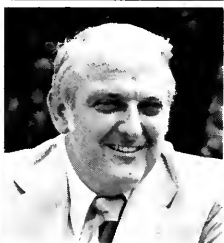
Newell Hall, R Ph, V P and Director
of Prof. Relations, Hook Drugs, Inc.
Indianapolis, Indiana



Taylor H. Jobe, R Ph
Community Pharmacist
Gladewater, Texas



Tom C. Sharp, Jr., R Ph
Exec. Sec., Tennessee Pharm. Assoc.
Nashville, Tennessee



Don W. Arthur, R Ph
Community Pharmacist
Buffalo, New York

These days, any company that depends on "yes" men for advice is riding for a fall.

At Upjohn, the views of pharmacy are important to us.

These ten leaders on our 1977 Pharmacy Consultant Panel have provided us with an invaluable service.

They provide their views on a variety of matters — professional and operational — giving us their candid opinions.

For this, we are sincerely grateful.

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Report of the Nominating Committee.—Mr. Gilliam, as Chairman of the Nominating Committee (including Mr. Forrest and Mr. Sloop) proposed the following slate of officers and they were elected by unanimous vote of the Directors:

President: C. D. Blanton, Jr.

Vice President: R. P. Rogers, Jr.

Secretary: Tom S. Miya

Treasurer: NCNB & CCB

Executive Committee: C. D. Blanton, Jr., R. P. Rogers, Jr., Tom S. Miya, F. J. Andrews, Wade A. Gilliam, W. B. Gurley, Robert B. Hall, James L. Creech, M. M. Edmonds, S. T. Forrest, Banks D. Kerr and Hoy A. Moose.

As the retiring Secretary, I shall close this report of the 1977 Annual Meeting on a personal note that also appears in my written report.

I have now completed eleven years service as the Foundation's Secretary. I beg you to accept my sincere expression of my earnest feelings when I say that this service with you and with our many colleagues throughout the State who have shared our interest in the Foundation—and the School of Pharmacy—that this service has been a privilege I have cherished, a work I have greatly enjoyed and from which derived much satisfaction, and an experience I shall always remember with pride in the opportunity you have given to me and with admiration and affection for all of you with whom I have been associated in the common cause of the NCPRF.

Respectfully submitted;

George P. Hager

September 27, 1977

HAGER COMMENDED FOR FOUNDATION ACTIVITY

The North Carolina Pharmaceutical Research Foundation is an organization of which pharmacists in North Carolina can truly be proud. During the 31 years since its inception under the guidance of Dean Ed Brecht and C. T. Council of the B. C. Remedy Company, pharmacists of this state have provided an endowment and expendable gift fund totaling more than one-half million dollars. During these years the foundation has provided several hundred thousand dollars of discretionary capital to the school that would have been available from no other source. We have matched federal grants, supported faculty, subsidized research projects, purchased scientific equipment, and in general, met the needs that contributed to the great progress in pharmacy education in North Carolina.

No small amount of credit for this fine record is due George P. Hager.

Dr. Hager has served as Executive Secretary of the NCPRF for 11 years.

The dedication he has for the foundation and for the future of North Carolina is an inspiration to all of us. Much of the detailed work required in managing the foundation was done late at night and on weekends without compensation. The status of your foundation today is a testimonial to the success of that effort.

All of us are glad that Dr. Hager continues as a faculty member at the School of Pharmacy. Speaking both for myself and for Dean Tom Miya, and for the directors of the foundation, I want to publicly thank George Hager for his enlightened and enthusiastic guidance during those difficult 11 years.

C. D. Blanton
President, NCPRF

BY PROCLAIMS WOMAN SUFFRAGE

Certificate of Ratification
at His Home Without
Women Witnesses.

ANTS VEXED AT PRIVACY.

ted Movies of Ceremony,
But Both Factions Are

WASHINGTON, Aug. 26, 1920—
...strongly ... Women



TRUMAN CLOSES D NATIONS CONFERENCE H PLEA TO TRANSLATE ARTER INTO DEEDS

NEW WORLD HOPE

President Hails 'Great
Instrument of Peace,'
Insists It Be Used

HISTORIC LANDMARK

Meeting Gives Standing
Ovation as Executive
Pictures Peace Gain

SAN FRANCISCO, June 26, 1945

Social Security Bill Is Signed; Gives Pensions to Aged, Jobless

Roosevelt Approves Message Intended to Benefit 30,000,000
Persons When States Adopt Cooperating Laws—He Calls
the Measure 'Cornerstone' of His Economic Program.

SENATE APPROVES 18-YEAR OLD VOTE IN ALL ELECTIONS

Amendment to Constitution
is Sent to House, Where
Passage is Expected

WASHINGTON, March 10,
1971—The Senate approved
today, 94 to 0 and sent

WASHINGTON, Aug. 14, 1935
The Social Security Bill, providing
a broad program of unemployment
insurance and old age pensions
and counted upon to benefit some
20,000,000 persons, became law
today when it was signed by President
Roosevelt in the presence of
those chiefly responsible for
bringing it through Congress.

Mr. Roosevelt called the measure
"the cornerstone of my economic
program which is being completed
in the coming months."

SIGNED the Draft Ends Now

WASHINGTON, Jan. 27,
1973—"With the signing of
the peace agreement in
Paris today, and after receiving
a report from the
Secretary of the Army that
he foresees no need for



"If we fail to use it," he declared
to the solemn final meeting of the
delegates, "we shall betray all of
those who have died in order that
we might meet here in freedom and
safety to create it."

"If we seek to use it selfishly—for
the advantage of any one nation or
any small group of nations—we
shall be equally guilty of that betrayal."

Fervent Interpolation
The President, speaking in the
auditorium of the War Memorial
Opera House, built in memory of
sons of the Golden Gate city who
gave their lives in the first World
War, in which he himself served,
seemed to give unconscious expression
to the solemn feeling of the
occasion when, at the outset of his
speech, he interpolated the words,
"half a hope, half a prayer."

"Oh, what a great day this can
be in history!"

Just before the plenary session
the President, accompanied by the
eight United States delegates to

PATIENT PACKAGE INSERTS: A CONCEPT WHOSE TIME HAS COME?

The consumer's right to know is an irreversible and desirable trend of the Seventies. It extends, and properly, to a patient's right to know more about his or her prescription medications. One way, gaining favor, is through patient package inserts. Wisely-prepared and properly distributed when medically indicated, they could markedly improve patient knowledge and drug therapy—laudable goals by anyone's standards.

The PMA endorses these goals and will work with government, the health professions and consumers to achieve them.

The Advantages

The concept holds promise of benefits: better patient understanding of the product prescribed, better adherence to the treatment plan, and more awareness of possible side reactions.

Every doctor has had patients who fail to finish antibiotic regimens because they feel better. Some patients assume that if one tranquilizer or analgesic is good, two may be twice as good. Still others fail to report dizziness while on antihypertensive therapy—and so on.

Problems like these might arise less often if the patient received written information in addition to verbal instructions. Some studies suggest that patients are more receptive to such materials, and they more often understand the verbal instructions and follow them, when inserts are used.

The Disadvantages

There are also some potential problems. Obviously, the inserts must be clearly phrased, without extraneous or complex detail. How much information

is enough? How can it be kept current? Should all patients receive the same information? Should inserts be included with all drugs? Should only potential problems be listed or are patients better off with a "fair balance" presentation that describes usefulness as well as drawbacks?

These and similar questions require answers, since model inserts have yet to be properly developed and tested. Despite the need for these studies, the FDA is proceeding prematurely with inserts on selected products. We think the Congress is the only place where the matter can be given the proper legal status and direction, particularly since it represents a conceptual change in the legal, medical and social framework of the nation's prescription drug information system.

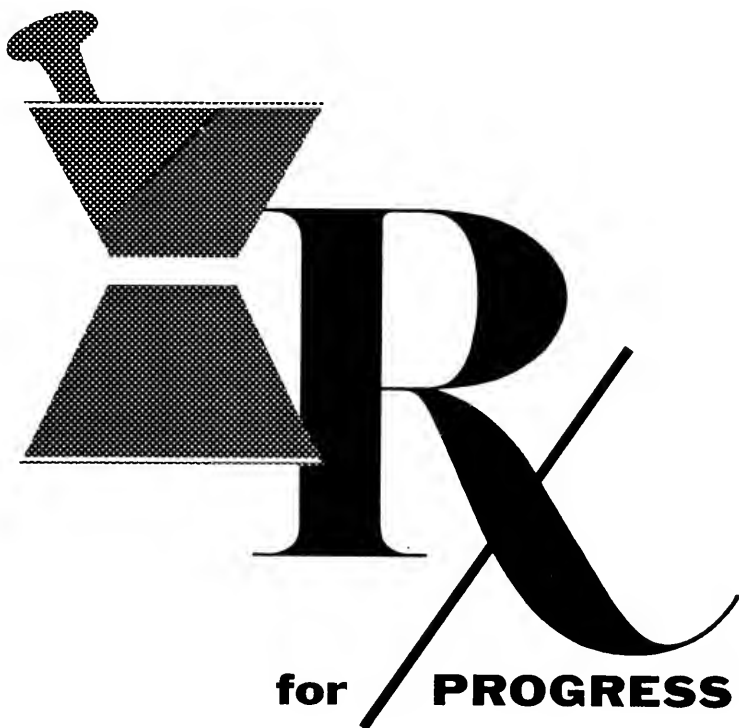
The Solution

The PMA believes that carefully-devised pilot studies of various kinds of inserts are needed. They should be developed and implemented with full participation by doctors, pharmacists, consumers, communications experts and the drug industry. Such studies will provide reliable pathways to follow, so that inserts will be useful aids to medical practice.

And particularly we think that you should be closely involved in this debate and in these studies and decisions. Otherwise, people with less experience and qualifications may control the purposes, content and use of a tool with considerable promise for improved patient care. It could make a difference in your practice tomorrow, and more importantly, in the health of your patients.

PMA

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NEW PHARMACIES

1. Sneads Ferry Pharmacy, Route 1, Box 286, Sneads Ferry.
2. Walkertown Rx Family Pharmacy, NC 66 and US 311, Walkertown.
3. Hargett's Drug Store, 2500 South Charles Street, Greenville.
4. The Medicine Shoppe, 100 Park Avenue, Sanford
5. K-Mart Pharmacy, 2401 Randleman Road, Greensboro
6. K-Mart Pharmacy, 2316 Maple Avenue, Burlington.
7. Eckerd Drugs, West Henderson Street, Marion.
8. Eckerd Drugs, Highway 51 & 74, Matthews.
9. K-Mart Pharmacy, 1303 South Cannon Blvd., Kannapolis.
10. Crown Drugs, Inc., Colony Center, King

CHANGE IN NAME/OWNERSHIP

1. Duckworth Pharmacy, 926 2nd Street, NE, Hickory. (Formerly Simmons Pharmacy)
2. Bennett's Pharmacy, 100 North Salem Street, Apex. (Formerly Apex Pharmacy)

CHANGE IN OWNERSHIP

1. City Pharmacy, Inc., 206 North College Avenue, Newton. The new owner is Donald Weathers. Ernie Clapp will continue with City Pharmacy on a part-time basis.

INSTITUTIONAL

1. Chunns Cove Nursing Home Pharmacy, 67 Mountain Brook Road, Asheville.

2. Brunswick County Hospital (LSP), Highway 17, Supply.
3. Beatty Drug Company (LSP), Route 2, Box 161AA, Lawndale.
4. Sampson-Johnston Migrant Health Center (LSP), Highway 13, Newton Grove.

RECIPROCITY

1. Leighton Carter Burks, Chapel Hill (From Virginia)
2. John Edwin Thigpen, Goldsboro (From South Carolina)
3. Judith Lee Crump, Chapel Hill (From Wisconsin)
4. Martin Ray Lewis, Statesville (From Ohio)

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We have been with your company since November, 1969. To date have collected \$5,354.97. Very pleased and hope to continue your services.

Name and address of the pharmacist will be mailed on request.

Latest state-wide report from I. C. System notes total collections for members of the NCPHA to be in excess of \$250,000.00.

PANEL PRESENTATION ON DRUG PRODUCT SELECTION HIGH- LIGHTS OCTOBER MEETING OF WAKE COUNTY GROUP

Burroughs Wellcome Company, Research Triangle Park, Durham, hosted the October 4th dinner meeting of the Wake County Pharmaceutical Association. Eighty members and guests attended the meeting.

The Executive Director of the N. C. Pharmaceutical Association, W. J. Smith, moderated a 1-hour panel presentation on drug product selection. The panelists were:

- Julian Upchurch, Durham (community pharmacy)
- Milton Skolaut, Chapel Hill (hospital pharmacy)
- Joseph A. Edwards, Jr., Raleigh (chain pharmacy)
- Milton Whaley, Durham (wholesale pharmacy)

C. H. Singler, Raleigh (manufacturing pharmacy).

The 80-member group was welcomed to Burroughs Wellcome by Fred Coe, president. A hospitality hour and dinner preceded the panel presentation.

CREECH, EDWARDS, TO HEAD PHARMPAC FOR NEXT YEAR

In action taken at the Board of Directors meeting, held in Chapel Hill on September 25, Jimmy Creech of Smithfield was elected Chairman of the Pharmacy Political Action Committee for the next year. Creech, who succeeds Bill Thames of Hope Mills, is the Board member from the Third Congressional District. Elected Vice-Chairman was Joe Edwards of Raleigh. Edwards represents the Fourth Congressional District on the Board.

In other action, Steve Moore was re-elected Executive Secretary and Treasurer for the following year. Membership recruitment and retention was discussed for the new year. National PharmPAC efforts were discussed with actions forthcoming, including the fact that Chairman Creech will represent N. C. PharmPAC at an upcoming meeting in Washington.

The upcoming legislative primaries for the spring were discussed. Any pharmacist who is interested in running for state office and is interested in support from N. C. PharmPAC, should get in touch with their Board member and PharmPAC would be interested in talking with you.

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NCPHA DISTRICT I MEMBERS MEET IN ASHEVILLE

Preliminary plans for the 1978 Annual Convention of the North Carolina Pharmaceutical Association, scheduled for Asheville, April 30-May 2, were discussed on September 25 at a meeting of NCPHA District I.

Pharmacists delegates from fifteen Western North Carolina Counties and representatives of the Association's two auxiliaries attended a combined convention planning and business session at the Inn on the Plaza, Asheville.

Guest speakers included officials of the N. C. Pharmaceutical Association: Eugene W. Hackney, Lumberton, President; W. J. Smith, Chapel Hill, Executive Director; and Alfred H. Mebane, III, Greensboro, Associate Director.

Representing the Woman's Auxiliary of the NCPHA was Mrs. Milton W. Skolaut, Chapel Hill, President of the Auxiliary.

Recent changes in the North Carolina Medicaid Drug Program, now being implemented in the state, was discussed by Benny Ridout of Raleigh, Pharmacist Consultant, N. C. Division of Social Services.

Local co-chairmen for the 1978 Pharmaceutical Convention are Mr. and Mrs. Henry H. Shigley of Asheville.

REEVES ASSIGNED TO SK&F CHARLOTTE AREA

June B. Reeves has been assigned to the Charlotte, North Carolina, territory as a Pro-

fessional Sales Representative for Smith Kline & French Laboratories, the pharmaceutical division of SmithKline Corporation.

Ms. Reeves received her Bachelor's degree in history/physical education (1972) from the University of North Carolina and her Master's degree in physical education (1974) from Ball State University in Muncie, Indiana. She was a sales representative for Astra Pharmaceutical Products, Inc. for two years before joining SK&F.

She lives in Charlotte, N. C.

NEWTON LANDMARK CHANGES HANDS

After 41 years as pharmacist manager/owner of City Pharmacy, Newton, Ernie Clapp has turned over the keys, ownership and management to Pharmacist Donald Weathers.

Don, a native of Shelby and a graduate of the UNC/CH School of Pharmacy, has been associated with the nearby H & W Drug Company for the past 13 years. His wife, the former Pat Brady, runs a dress shop (Sally's) next door to City Pharmacy.

Weathers is a trustee of Catawba Memorial Hospital.

Mr. Clapp, a former mayor of Newton, will remain with City Pharmacy on a part-time basis but for the immediate future, he plans to catch up on hunting and fishing that, for the past 40 years, had to come second to his pharmacy responsibilities.



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THE NORTH CAROLINA PHARMACY TRIPARTITE COMMITTEE ON PHARMACY EXTERN/INTERNSHIP MEETING

Monday, September 19, 1977

INSTITUTE OF PHARMACY
Chapel Hill, North Carolina

7:00-8:40 P.M.

MINUTES

Members Present: Claytor (Vice-Chairman), Day, Edmonds, Edwards, Caiola, Werley (Chairman), and Paoloni (Secretary)

Members Absent: Randall & Willets

Ex-Officio Members Present: Miya, & Work

Guests: Students, Abercrombie & Millar

A quorum being assembled, Chairman Werley called the meeting to order acknowledging the guests and encouraging their active participation.

I. *Adoption of Minutes of June 20, 1977 Meeting*

Hearing no corrections or deletions, the minutes were adopted as distributed.

II. *Academic Externship Program, Fall Semester*

Mr. Paoloni gave a brief report highlighting the A.E.P. in which 50 senior pharmacy students are currently serving their rotations in pharmacies throughout the state. From all indications and reports from students, P-Is and Pharmacists-in-AHEC, the program seems to be progressing quite satisfactorily. Mr. Paoloni also reported recruitment of Pharmacists-in-AHEC (faculty coordinators) is on-going for Greensboro and Eastern AHECs.

III. *Review of Objectives of the Tripartite Committee*

Dean Miya expressed a desire to see this committee involved in matters much broader in scope than its present extern/internship involvement. To discuss other activities relevant to the Profession, the Board and the School could be rather fruitful and a valuable charge for this Committee.

A review of the *Administrative Guidelines*; Section II, *Purposes and Objectives*, and Section III, *Functions* was made. Following some discussion Chairman Werley appointed a special committee: David Work, Chairman, Joe Edwards, Claude U. Paoloni, George Abercrombie and Patsy Millar to review the *Administrative Guidelines* and recommend necessary changes to encompass these broader concepts.

IV. *Report of the 2-3 Program*

Mr. Werley reported that beginning in the Fall Semester, 1978, the School of Pharmacy of The University of North Carolina at Chapel Hill, will change its enrollment procedure for entry into the B.S. in Pharmacy Degree Program. Currently, our primary source of enrollment is the 1-4 program (one-year of prepharmacy study followed by four years of professional pharmacy study). This program will be discontinued and students will be enrolled only in the 2-3 program (two years of prepharmacy study followed by three years of professional study). Students will not be admitted until they have completed at least two years of college, including certain *specified* courses.

These changes are consistent with the objectives of pharmaceutical education: (1) The quality of student selection will be improved since students will have completed one full academic year of collegiate work prior to filing application and will have had more basic science courses upon which to base their decision to pursue a career in pharmacy. (2) It

will provide the Admissions Committee a better opportunity to consider students from all colleges and universities within the State since all qualified applicants will be competing for a single entry level. (3) The professional program will be enhanced since all basic science courses *must* be completed prior to entry into the B.S. in Pharmacy Curriculum, therefore more emphasis can be placed on the professional pharmacy courses.

With the implementation of these changes, the School anticipates admitting only a few students in the Fall of 1978, since very few spaces will be gained through attrition of currently enrolled students.

V. *New Business*

(a) *Salerno College*

Dean Miya reported about the communication he received for John F. Corey, Assistant Vice-President of the University of North Carolina concerning activities in pharmacy education of the Salerno College of Health Sciences, Pink Hill School of Pharmacy Technology, R. L. Hood, President and Director of Graduate Programs. On August 3, articles of incorporation of Salerno College of Health Sciences were filed "to implement programs for post-graduate study when none are normally available. . . ." Although Mr. Hood was advised of the legal provisions with reference to the licensing of educational institutions to confer degrees in North Carolina there was much concern over the potential ramifications such efforts can bring upon the School and education per se. In the ensuing discussion, W. J. Smith expressed the opinion that no action be taken by this Committee at this time.

(b) *Report on Recent Board Exam*

Pursuant to a question by Joe Edwards, David Work highlighted the results of the recent Board exams. 91 Pharmacists were licensed which represented 78% of all those taking the exam eligible to become pharmacists. The performance on the theoretical portion was significantly better than what occurred in the March exam. Jurisprudence showed lower performance. On National level the lab portion looked good. From all indications, performance of students on Board results seems to be much brighter this time.

VI. *Election of New Officers*

- a. Chairman—David C. Claytor—unanimously
- b. Vice-Chairman—Joseph Edwards—unanimously

VII. *Installation of New Officers*

Past-Chairman Werley installed the newly elected officers. Chairman Claytor presided for remainder of meeting.

VIII. *Next Meeting*

November 14, 1977—similar format will prevail. Written announcement will be forwarded early in November.

IX. *Adjournment* at 8:40 P.M.

Claude U. Paoloni, Secretary

BURGLARIES CONTINUE UNABATED

Chatham Rexall Drug, Siler City—CS drugs valued at more than \$500 were taken in a break-in at the pharmacy. Entry was by way of a hole cut in the roof of the pharmacy.

Scottie Drug, Clinton—Was stripped of several thousand dollars worth of drugs by a thief who cut a hole in the pharmacy's roof. The pharmacy is operated by Col. Jack Creech of Salemburg.

Mooresville Drug Company, Mooresville
—Was the victim of a robbery involving the theft of \$600 in CS drugs.

FORGED PRESCRIPTION

Two Asheville men accused of using a forged prescription to obtain CS drugs from Kmart Drug of Asheville and Revco Drug of Black Mountain were arrested by Asheville detectives.

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From Wyeth research, a new benzodiazepine antianxiety agent with this experience already behind it:

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*See package insert for complete prescribing information.

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prescribing information

Contraindications: Ativan is contraindicated in patients with known sensitivity to the benzodiazepines or with acute narrow-angle glaucoma.

Warnings: Ativan is not recommended for use in patients with a primary depressive disorder or psychosis. As with all patients on CNS-acting drugs, patients receiving lorazepam should be warned not to operate dangerous machinery or motor vehicles and that their tolerance for alcohol and other CNS depressants will be diminished.

Physical and Psychological Dependence: Withdrawal symptoms similar in character to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of benzodiazepine drugs. These symptoms include convulsions, tremor, abdominal and muscle cramps, vomiting and sweating. Addiction-prone individuals, such as drug addicts and alcoholics, should be under careful surveillance when receiving benzodiazepines because of the predisposition of such patients to habituation and dependence.

Precautions: In patients with depression accompanying anxiety a possibility for suicide should be borne in mind.

For elderly or debilitated patients, the initial daily dosage should not exceed 2 mg in order to avoid oversedation.

Ativan dosage should be terminated gradually since abrupt withdrawal of any anti-anxiety agent may result in symptoms similar to those for which patients are being treated: anxiety, agitation, irritability, tension, insomnia and occasional convulsions.

The usual precautions for treating patients with impaired renal or hepatic function should be observed.

*In patients where gastrointestinal or cardiovascular disorders coexist with anxiety, it should be noted that lorazepam has not been shown to be of significant benefit in treating the gastrointestinal or cardiovascular component.

Esophageal dilation occurred in rats treated with lorazepam for more than one year at 6 mg/kg/day. The no-effect dose was 1.25 mg/kg/day (approximately 6 times the maximum human therapeutic dose of 10 mg per day). The effect was reversible only when the treatment was withdrawn within two months of first observation of the phenomenon. The clinical significance of this is unknown. However, use of lorazepam for prolonged periods and in geriatric patients requires caution, and there should be frequent monitoring for symptoms of upper G.I. disease.

Safety and effectiveness of Ativan in children of less than 12 years have not been established.

Essential Laboratory Tests: Some patients on Ativan have developed leukopenia and some have had elevations of LDH. As with other benzodiazepines, periodic blood counts and liver function tests are recommended for patients on long-term therapy.

Clinically Significant Drug Interactions: The benzodiazepines including Ativan produce CNS depressant effects when administered with such medications as barbiturates or alcohol.

Carcinogenesis and Mutagenesis: No evidence of carcinogenic potential emerged in rats during an 18-month study with Ativan. No studies regarding mutagenesis have been performed.

Pregnancy: Reproductive studies in animals were performed in mice, rats, and two strains of rabbits. Occasional anomalies (reduction of tarsals, tibia, metatarsals, malrotated limbs, gastroschisis, malformed skull and microphthalmia) were seen in drug-treated rabbits without relationship to dosage. Although all of these anomalies were not present in the concurrent control group, they have been reported to occur randomly in historical controls. At doses of 40 mg/kg and higher, there was evidence of fetal resorption and increased

fetal loss in rabbits which was not seen at lower doses.

The clinical significance of the above findings is not known. However, an increased risk of congenital malformations associated with the use of minor tranquilizers (chloridiazepoxide, diazepam and meprobamate) during the first trimester of pregnancy has been suggested in several studies. Because the use of these drugs is rarely a matter of urgency, the use of lorazepam during this period should almost always be avoided. The possibility that a woman of child-bearing potential may be pregnant at the time of institution of therapy should be considered. Patients should be advised that if they become pregnant, they should communicate with their physician about the desirability of discontinuing the drug.

Nursing Mothers: It is not known whether oral lorazepam is excreted in human milk like the other benzodiazepine tranquilizers. As a general rule, nursing should not be undertaken while a patient is on a drug since many drugs are excreted in human milk.

Adverse Reactions: Adverse reactions, if they occur, are usually observed at the beginning of therapy and generally disappear on continued medication or upon decreasing the dose. In a sample of about 3,500 anxious patients, the most frequent adverse reaction to Ativan is sedation (15.9%), followed by dizziness (6.9%), weakness (4.2%) and unsteadiness (3.4%). Less frequent adverse reactions are disorientation, depression, nausea, change in appetite, headache, sleep disturbance, agitation, dermatological symptoms, eye function disturbance, together with various gastrointestinal symptoms and autonomic manifestations. The incidence of sedation and unsteadiness increased with age.

Small decreases in blood pressure have been noted but are not clinically significant, probably being related to the relief of anxiety produced by Ativan.

Overdosage: In the management of overdosage with any drug, it should be borne in mind that multiple agents may have been taken.

Manifestations of Ativan overdosage include somnolence, confusion and coma. Induced vomiting and/or gastric lavage should be undertaken followed by general supportive care, monitoring of vital signs and close observation of the patient. Hypertension, though unlikely, usually may be controlled with Levaterenol Bitartrate Injection, U.S.P. Caffeine and Sodium Benzoate Injection, U.S.P. may be used to counteract CNS depressant effects. The usefulness of dialysis has not been determined.

Dosage and Administration: Ativan is administered orally. For optimal results, dose, frequency of administration and duration of therapy should be individualized according to patient response. To facilitate this, scored 1.0 and 2.0 mg tablets are available.






The usual range is 2 to 6 mg/day given in divided doses, the largest dose being taken before bedtime, but the daily dosage may vary from 1 to 10 mg/day. For anxiety, most patients require an initial dose of 2 to 3 mg/day given b.i.d. or t.i.d.

For insomnia due to anxiety or transient situational stress, a single daily dose of 2 to 4 mg may be given, usually at bedtime.

For elderly or debilitated patients, an initial dosage of 1 to 2 mg/day in divided doses is recommended, to be adjusted as needed and tolerated.

The dosage of Ativan should be increased gradually when needed to help avoid adverse effects. When higher dosage is indicated, the evening dose should be increased before the daytime doses.

Most Common Schedules (utilizing 1-mg tablets)

	Morning	Afternoon	Evening
T.I.D.			
B.I.D.			

How Supplied: Ativan (lorazepam) is available in scored 1.0 and 2.0 mg tablets in bottles of 100. Tablets 1.0, 2.0 mg in Redipak® Strip Pack, Wyeth, boxes of 25.

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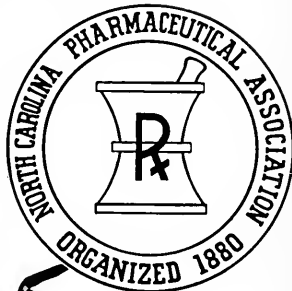
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NPC PREMIERES FILM ON PATIENT DRUG USE

"It's Up to You," a 25-minute color film recently released by the National Pharmaceutical Council, emphasizes the responsibilities of the patient in the proper use of medicines, and the importance of effective patient communications with physician and pharmacist.

The film portrays senior citizens in a discussion group led by pharmacist Ronald Gaetano, Chairman of the Task Force on Aging of the 1977 National Drug Abuse Conference.

Movie and TV personality Lloyd Nolan highlights the film as narrator-commentator.

The benefits and effectiveness of medication often may be diminished by patient non-compliance, misunderstood directions, or non-disclosure of pertinent facts about the patient to the physician or pharmacist. The film portrays these and other causes of medication failures, and offers suggestions to help patients coordinate their own health care.

In releasing the film, NPC president Vernon Trygstad said, "We believe 'It's Up to You' should provide a very worthwhile means for pharmacists to communicate with a variety of patient groups about their health care."

The film, available for loan to all pharmacy and consumer groups, from NPC, is expected to be shown to pharmacy organizations, senior citizen groups, service clubs, teaching faculties, retirement communities, church groups, and other consumer organizations. "It's Up to You" provides the pharmacist with an excellent opportunity to introduce the subject of patient compliance and become increasingly involved in patient medication monitoring. The film also strengthens the concept of the patient's responsibility to coordinate his personal health care and to keep his pharmacist, physician and nurse fully informed of all medications taken, symptoms and side effects. Patient medication profiles, child resistant containers and patient, pharmacist, physician communication also are discussed. Brochures highlighting and summarizing the film content will be available for distribution to viewing audiences.

To order the 16mm color film for showing, contact the National Pharmaceutical Council, Inc., 1030 15th Street, N.W., Washington, D. C. 20005, and request "It's Up to You." Also available in color video cassette.

New Courses for Asheville-Cullowee and Wake AHEC

Two new Continuing Education courses are scheduled for the Asheville-Cullowee area and also the Wake AHEC region, sponsored by the School of Pharmacy, UNC/CH.

"Pharmacy Seminar on Selected Subjects" is a six 2-hour program for pharmacists in the Asheville and Cullowee area. The starting date was October 13 and goes through November 17 on alternate Thursday and Friday evenings, first at Asheville and then at Western Carolina University. The exception is the November 17 program which will be held in Asheville only. The fee for the entire symposium is \$30 or \$7.50 for each separate session.

The following presentations are offered:

DRUG THERAPY OF GOUT

Steven N. Almond, Clinical Instructor

THE PHARMACIST'S ROLE IN ORAL CONTRACEPTIVE THERAPY

Jannet M. Carmichael, Clinical Instructor

THERAPEUTIC APPROACH TO PAIN

R. Stephen Porter, Pharm. D., Instructor

INSULIN AND THE ORAL ANTI-DIABETIC AGENTS

Bruce R. Cannady, Pharm. D., Clinical Assistant Professor

PRESCRIPTION PRICING: A RATIONAL APPROACH

Jean P. Gagnon, Ph.D., Associate Professor

THE STATUS OF ADOLESCENT HEALTH AND EMOTIONAL NEEDS

Candace K. Bryan, Pharm. D., Assistant Professor

Michael F. Durfee, M.D., Director, UNC Pediatric Teaching Program—Wake AHEC

Dr. Jean P. Gagnon, Head, Pharmacy Administration Division, presents "Merchandising, Advertising, and Promotion for Pharmacy" on Wednesday, November 16 at the Wake County Medical Center, Raleigh. This program is co-sponsored by the School, Wake County Pharmaceutical Association, and the Wake Area Health Education Center. There is a \$5.00 charge for attendees.

For further information on these continuing education courses, interested pharmacists may contact Continuing Education at the School of Pharmacy.

McBAY ARTICLE EXAMINES MARIHUANA

In 1974, there were 10,193 drug arrests in North Carolina. Only 6% of those arrests were for heroin and other opiate violations; awhopping 74% of drug arrests were for possession and distribution of marihuana.

This was just one of the interesting revelations made by Dr. Arthur J. McBay in his recent article "Marihuana: Current Assessment" published in the **Journal of Forensic Sciences**. McBay, this State's Chief Toxicologist and a



U.N.C. School of Pharmacy professor, says in the article that over 30 million Americans have tried marihuana at least once and over 10 million of us smoke it on a regular basis. Speaking of arrests, he points out that "in the five-year period from 1970 to 1974, it is estimated that over 1.5 million persons were arrested for marihuana-related offenses."

Ten states have decriminalized the possession of small amounts of marihuana. In these cases the offender is issued a citation and may be fined, but does not get a criminal record. According to McBay, "Congress is studying similar proposals for possible federal legislation. A survey of marihuana use in Oregon, where possession of marihuana has been decriminalized, showed that there was no significant increase in use during the two years since the law has been in effect."

The McBay article makes several interesting points regarding marihuana smokers that refute much of the current thinking about the harmfulness of the drug. "It certainly possesses none of the uncertainty which follows injection of a drug," says Dr. McBay. "Deaths and withdrawal symptoms attributed to heroin, alcohol, and barbiturates do not occur with marihuana. Respiratory diseases and cancer associated with chronic cigarette smoking have not been reported. Cardiac effects of caffeine in coffee, tea and soft drinks have not been attributed to marihuana. It is impossible to prove anything safe, but smoking marihuana appears to be safer than overindulgence with alcohol, tobacco, barbiturates, heroin, aspirin, and many other drugs. Many deaths have been attributed to the above drugs, but practically none to marihuana."

Perhaps the most unusual aspect of the McBay article was his report that long term use of marihuana does not seem to have a deleterious affect. He cites the daily smoking of ganja, a mixture of tobacco and marihuana by Jamaican natives. The average users smoked 7 cigarettes per day with 3% THC for 17 years. The average American user smokes 1 or 2 a day with about 1% THC. Thus, these Jamaicans absorb 10 to 25 times more THC. "Rather than producing an amotivational syndrome, ganja smoking in Jamaica seemed to increase motivation. An elaborate series of studies led researchers to conclude that chronic use of potent **Cannabis** is not toxic to the human mind or body," concludes Dr. McBay.

Reprints of this article are available from Dr. McBay. Requests may be addressed to him at the U.N.C. School of Pharmacy.

OVER 170 ATTEND

Annual Carolina Hospital Clinical Seminar Held

The combined 11th and 4th Annual Carolina Hospital-Clinical Pharmacy Seminar was held at the Governors Inn, Research Triangle Park, September 23-25, 1977. Sponsors of the program were the School of Pharmacy and the North Carolina Society of Hospital Pharmacists.

The theme of this year's program was "A New Look at the Broad Responsibilities of Hospital Pharmacists." Over 175 hospital and clinical pharmacists attended the seminar which featured a number of local and national speakers.

Among those who presented papers were: Phillip J. Klemmer, M.D., James W. Woods, M.D., both of the U.N.C. School of Medicine. Dr. Arthur Burke, Wilmington Medical Center, Delaware; Harold J. Godwin, University of Kansas Medical Center; Louis P. Jeffrey, Rhode Island Hospital, Providence; Don C. McLeod, Buffalo General Hospital; Dr. Joseph L. Fink, Philadelphia College of Pharmacy and Science; and Dr. Dorothy L. Smith, University of Toronto, Canada.

Speakers from the U.N.C. School of Pharmacy were: Dean Tom S. Miya, Dr. Lawrence S. Hak, Professor Fred M. Eckel, Associate Professor Stephen Caiola, and Clinical Instructors Sandra Hak and Wayne Pittman.

ESTROGENS AND MENOPAUSE

Maude Babington, fifth-year student, UNC School of Pharmacy; Sandra Hak, B.S. in Pharmacy, Orange-Chatham Comprehensive Health Services, Inc.; Max Michael, M.D., Orange-Chatham Comprehensive Health Services, Inc.

One of the more controversial issues in this decade has been the use of estrogens in post-menopausal women. Even among experts in gynecology, there is little agreement regarding if, when, and how to use these agents. Following is a summary of significant data regarding controversies in the use of post-menopausal estrogens.

The following three major retrospective studies have shown that post-menopausal women taking conjugated estrogens exhibit a significantly higher rate of endometrial cancer than those not taking estrogens. Diel and Finkle (*NEJM* 293:1167, 1975) compared the records of 94 cases of women with endometrial cancer to 188 controls in California. The overall estimated risk ratio (i.e., risk in estrogen users compared with risk in non-users) was 7.6. The risk increased with duration of exposure (5.6 for a duration of 1-4.9 years and 13.9 for women who had used estrogens for 7 years or longer). In Seattle, 317 women with endometrial cancer were compared with an equal number of women with other gynecologic neoplasms. Estrogen used by these two groups was compared and showed a 4.5-fold increase in risk of endometrial cancer among the estrogen-exposed women. (Smith et al., *NEJM* 293:1164-1167, 1975). A third case-control study in a southern California retirement community also revealed an association between estrogen use in post-menopausal women and endometrial cancer with an estimated risk ratio of 8.0 for estrogen use. (Mack et al., *NEJM* 294:1262-1267, 1976.)

In December of 1975, the FDA's Obstetrics and Gynecology Advisory Committee reviewed the above mentioned studies and concluded that there was indeed substantial evidence indicating that estrogen use in post-menopausal women increases the risk of endometrial cancer. They recommended further study on the variables of dose, duration of therapy, and method of administration.

Estrogens are clearly useful for the alleviation of post-menopausal vasomotor symptoms (e.g. hot flashes and sweating episodes) and atrophic vaginitis. Rhodes (*J. Amer. Geriatric Society* 22:183-85, 1974) reports that estrogen therapy provides 95% relief of other symptoms, such as skin and breast atrophy, senile vaginitis, anxiety, depression, insomnia, and osteoporosis. These claims have been difficult to document. Lafferty (*Am J Med* 36:514, 1964) states that in cases of osteoporosis, estrogen therapy may cause decreased bone resorption; however, the positive effects associated with this use last for only 9-14 months. The frequent claim that estrogen use causes a feeling of well-being and a youthful appearance has not yet been objectively documented.

If the properly informed patient and provider decide to utilize estrogens, all efforts should be made to use the smallest effective dose over the shortest duration of exposure possible. Many authorities recommend that women should receive a monthly or tri-monthly dose of a progestogen (e.g. Provera[®]) in adequate amounts to cause withdrawal bleeding and thus decrease the chances of endometrial hyperplasia (Kistner, *Obst and Gyn* 48:479-482, Oct. 1976). A cyclic regimen of three weeks therapy and one week "rest" is generally recommended for women with or without an intact uterus. Patients should be closely monitored (every six months initially and yearly thereafter) for blood pressure, breast and pelvic exams. Special attention should be given to include material obtained from the endocervical canal in Pap smears (Proudfit, *JAMA* 236:939-40, 1976). Women should be instructed to report any unusual bleeding to their medical providers promptly.

Premarin[®], the most commonly utilized estrogen for the treatment of post-menopausal symptoms, is a mixture of estrogens obtained from natural sources blended to represent the average composition of material derived from pregnant mares' urine. Ethinyl estradiol (e.g. Estinyl[®]), a synthetic estrogen found in many combination oral contraceptives, is available as a single agent. The average dose used to control menopausal symptoms is 0.02-0.05 mg daily. Since the principal, naturally produced estrogens in pre- and post-menopausal women are estradiol and estrone respectively and "the increased incidence of endometrial carcinoma in post-menopausal obese women is believed to be related to increased estrone production with continued stimulation of the endometrium" (Endocrinology and Metabolism section, *Medical Knowledge Self-Assessment Syllabus*, 1977, p. 61), some authorities suggest that ethinyl estradiol may be less carcinogenic because it contains less estrone than other estrogen products. This hypothesis has yet to be proven. Currently, no estrogen product has been proven superior to another.

ON TALKING TO PATIENTS

Raymond Jang, Ph.D., Associate Professor
Pharmacy Administration

Recent studies of almost 3,000 illness and injury incidents in Columbus, Ohio emphasize the control role of drug therapy, especially self-medication, in the treatment of a wide range of ailments. Ninety percent of all incidents were treated with drugs, and over 70% involved the use of drugs without a doctor contract.¹

As the primary source of non-prescription drugs, the pharmacist frequently receives requests for advice and counsel. The pharmacist who merely talks with the patient in an unstructured manner may be missing some important clues and chances to help the patient. Pharmacists interested in improving their effectiveness with patients may wish to consider some of the following points.

The sick person is egocentric.² His ailment has raised numerous questions about himself. He is worried about the seriousness of the symptoms, his probability of recovery, and the likely effect of the illness on his usual activities. He may be embarrassed by some of the diagnostic procedures that he has been exposed to, and he may be angry at the long waits that must be endured to get care. Consequently, the patient brings strong feelings to his encounter with the pharmacist. How should the pharmacist handle such patients?

The method for establishing a relationship with such patients is to conduct an interview. What makes the interview more effective than simply talking with the patient is the observance of the following conditions:

1. The pharmacist is attentive and sensitive to the patient's meanings. Considerable active listening is done, less talking.
2. The pharmacist establishes rapport by showing courtesy and respect and a genuine interest in the patient and his problem.
3. There is freedom from interruption.
4. There is psychological privacy, the conversation cannot be overheard, the patient has undivided interest.
5. The pharmacist is emotionally objective, he focuses upon the patient's need, sometimes in the face of remarks which may be subjectively displeasing.

Given that these conditions for an effective interview can be established, how should the pharmacist respond in ways that help the patient understand his feelings and provide emotional support?

For example, consider how you would respond to the patient who comments as follows:

"I hate that doctor of mine. Every time I ask him what's wrong, I get a brush-off."

Systematic reviews of the interviewing process indicate that five basic types of response can be applied.³ Of the following, only the last response is appropriate. At other times, however, the other responses are useful.

1. *Evaluative Response:*

"There is no sense in hating your doctor. He'll treat you better if you have more confidence."
Makes a judgment on the patient's feelings, implies what the patient should do and how he should feel.

2. *Hostile Response:*

"Come on, grow up, Stop complaining."
Antagonizes and humiliates patient.

3. *Reassuring Response:*

"Most patients go through a period when they don't like their doctors."
Denies problem, leaves patient anxious, confused and worried.

4. *Probing Response:*

"Is there anything else the doctor has done that upsets you?"
Implies that providing more information may help solve the problem.

5. *Understanding Response:*

"You are concerned about how sick you really are. It worries you not to know what your doctor thinks."
Shows that you understand and share the patient's point of view. Makes it safe for the patient to reveal more.

Given the initial comment by this patient, the other responses limit the patient and do not relieve his anxieties, nor do they clarify his confusion.

Pharmacists interested in developing their interviewing skills and in learning how to use the other types of response appropriately, may wish to consult the final reference cited below.

Pharmacists with extensive experience in community pharmacy generally work out some very efficient and effective strategies for helping patients. It is hoped that some of the points discussed herein may prove worthy of adoption.

Recent studies by Dr. Jean Paul Gagnon at the School of Pharmacy indicate that consumers would like to see more discussion of drugs by pharmacists.

REFERENCES

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3. Bernstein, L., Bernstein, R. S. and Dana, R. H., *Interviewing: A Guide for Health Professionals*, 2nd Edition, Appleton-Century Crofts, New York, 1977.

From the Student Government

George Abercrombie Student Body President

Class elections were held at the School during the last week of September. Each class exhibited a great deal of enthusiasm by nominating as many as four people for each elected position. Run-off elections were required for at least one office out of every class except the 5/5 class where all officers were elected on the first ballot.

Newly elected class officers include:

2/5 Class

President—Carol Hopper
Vice-President—Eric Hayes
Secretary/Treasurer—Marty Measamer

3/5 Class

President—Bob Leeds
Vice-President—Ray Burke
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President—Susan Brittingham
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President—Maude Babington
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Secretary/Treasurer—Loni Traylor

Student Body President-Elect

Dewayne Caldwell

The Student Senate is in the process of investigating the possibility of establishing an honor court system within the School. Currently, all undergraduate honor code violations, including those in this School, are tried by the University Undergraduate Honor Court. Honor Code violations in the School of Medicine and the School of Dentistry are reviewed and tried in courts estab-

lished and governed by respective professional schools.

Since our School is moving toward a two/three curriculum (as opposed to a one/four program) Pharmacy students might be better classified as professional students (similar to dental school) rather than being classified simply as undergraduates. For this reason, the Senate is studying the feasibility of designing its own honor court system. This is obviously a long-range project requiring a great deal of study and planning before implementation.

MIYA ELECTED

Tom S. Miya, Dean of the School of Pharmacy, UNC/CH, was elected Secretary of the N. C. Pharmaceutical Research Foundation at the organization's September meeting. He succeeds George P. Hager who served in a similar capacity for eleven years (see page 13).

Guest Lecturers Present Programs

Dr. John Cady, Assistant Professor of Business Administration, Harvard University, was a guest speaker at the School of Pharmacy on October 20-21. Dr. Cady's presentation was "Public Policy and the Retail Market for Prescription Drugs."

On November 10, Dr. P. S. Portoghese, Professor and Head, Department of Graduate Studies in Medicinal Chemistry, College of Pharmacy, University of Minnesota, will present "Stereoisomeric Ligands as Opioid Receptor Probes." Dr. Portoghese is also the Editor of the *Journal of Medicinal Chemistry*. Dr. Portoghese's lecture will be in Room 102, Beard Hall at 3:00 p.m. All are invited to attend.

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Carolina Journal of Pharmacy, published monthly at Chapel Hill, North Carolina.

Publisher: The N. C. Pharmaceutical Association, 109 Church Street, Chapel Hill, N. C. Editor, Managing Editor, and Business Manager, W. J. Smith, 109 Church Street, Chapel Hill, North Carolina.

Owner: N. C. Pharmaceutical Association, 109 Church Street, Chapel Hill, North Carolina. *Known Bondholders, Mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages or other securities:* None.

Average number of copies each issued during preceding 12 months: Total No. copies printed, 2500. Circulation by carriers 0, by mail, 2301. Total paid circulation 2301. Free distribution 102. Office use, left-over, spoiled after printing, 97. Total copies 2500.

Single issue nearest to filing date: No. copies printed, 2500. Paid circulation 0, Mail subscription 2115. Total paid circulation 2115. Free distribution 125. Office use, left-over, spoiled after printing, 260. Total copies 2500.

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S/s W. J. Smith

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MARRIAGES

John Lynn Webb and *Carl Johnson Bennett* were united in marriage September 10 in Pleasant Gardens Baptist Church in Marion. The Rev. Sam Murphy of Glen Alpine officiated for the double ring ceremony assisted by David Webb, brother of the bride.

The groom is a graduate of the School of Pharmacy, University of North Carolina at Chapel Hill and is employed by Medical Arts Pharmacy of Lenoir. The bride holds a diploma in medical assisting and an associate degree in nursing. She is employed by Grace Hospital. The couple will live in Morganton.

Miss Nancy Carol Critcher and *Bobbie Sutton Barbrey* were married Saturday, August 27 in St. Mark's Episcopal Church in Raleigh, by the Rev. Jacob A. Viverette, Jr., chaplain at N. C. State University.

The bride attended N. C. State and is now attending Wake Medical Center for her degree in nursing. Her husband is a graduate of the University of Michigan College of Pharmacy and is employed in Raleigh. The couple will make their home in Raleigh.

Peggy Jane Warwick of Durham and *James Daniel McNeill* of Goldsboro exchanged wedding vows Saturday, September 3 in the garden of the bridegroom's parents in Fair Bluff. The Rev. Graham Royal officiated.

The bride was graduated from East Carolina University and is employed at North Carolina Memorial Hospital in Chapel Hill as a registered nurse. The bridegroom is a graduate of the University of North Carolina at Chapel Hill School of Pharmacy and is employed by Kerr Drugs in Goldsboro.

Miss Jo Cynthia Stanley and *John Vernon Woodard, Jr.* were married in a double-ring ceremony at the University United Methodist Church in Chapel Hill. Dr. Charles Bryant officiated.

Mrs. Woodard is a teacher and director of University Methodist Day Care Center, is a graduate of Elon College and did graduate studies at Duke University. Mr. Woodard is a graduate of the School of Pharmacy University of North Carolina at Chapel Hill and is pharmacist and owner of Sutton Drug Company. The couple will live in Chapel Hill.

BIRTHS

Tom and Kathryn Thutt of Lexington announce the birth of a son, Edward Paul, on October 10. The parents are both graduates of the UNC/CH School of Pharmacy, Class of 1973.

Mr. and Mrs. C. Rush Hamrick, III of Shelby are the parents of a baby son born April 11 in Shelby who represents the fourth generation of Hamricks at Kendall Drug Co. Baby Charles Rush Hamrick, IV is the great-grandson of C. Rush Hamrick who was associated with the firm from 1922 until his death in 1964; the grandson of C. Rush Hamrick, Jr., who is president of the firm; and son of C. Rush, III ("Rusty"), who is director of retail customer services.

DEATHS

R. W. BROWN

Robert William Brown, a 1972 graduate of the UNC School of Pharmacy, was found shot to death on August 22.

On the day of his death, a fire was discovered in the pharmacy where he worked. Brown made his home in High Point.


DAVID WHITE

David James White, 27, Statesville pharmacist, died September 29. Death was attributed to heart failure.

Mr. White was a 1973 graduate of the UNC/CH School of Pharmacy and owner and manager of Medical Park Pharmacy.

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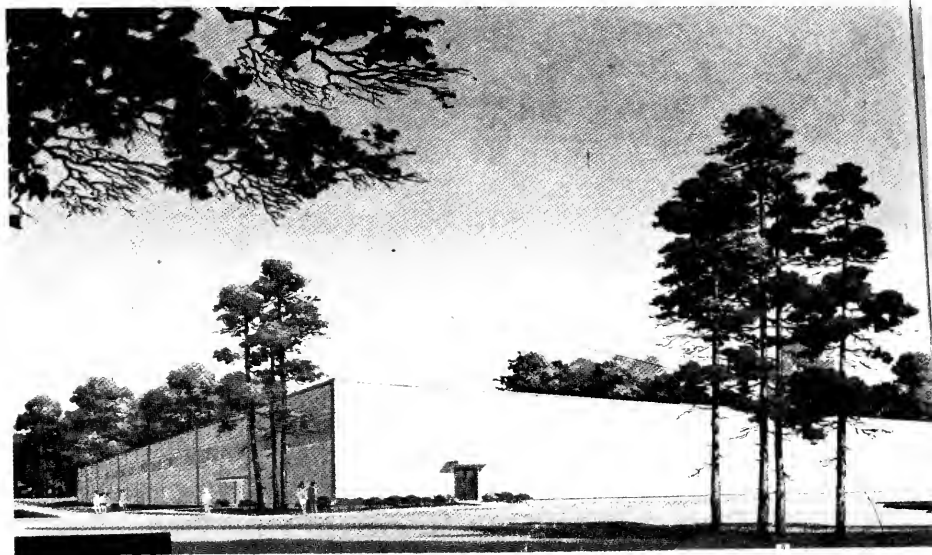
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NUMBER 12

VOLUME 37

DECEMBER 1977



THE EDWARD VICTOR ZOELLER ROLLTOP DESK

Now on display in the lobby of the North Carolina Institute of Pharmacy, here pictured with Mr. and Mrs. Waits A. West of Roseboro. Shortly after graduating from the College of Pharmacy of the City of New York (1877), Dr. Zoeller established a pharmacy in Tarboro and acquired the desk pictured above. He was a charter member of the NCPHA and served on the N. C. Board of Pharmacy for more than 50 years. The desk was given to the UNC School of Pharmacy and later donated to the NCPHA with the understanding the desk would be placed on public display. The desk was restored by Jeff Augustine. Photo by Colorcraft.

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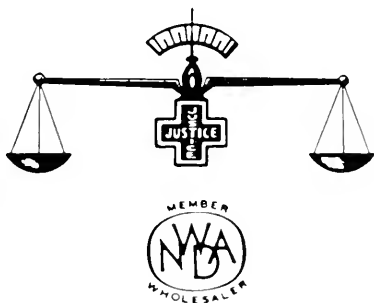


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THE CAROLINA JOURNAL of PHARMACY

DECEMBER 1977

VOLUME 57

NUMBER 12

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The Carolina Journal of Pharmacy is published monthly by the N. C. Pharmaceutical Association, Box 151, Chapel Hill, N. C. Subscription rate: \$3.00 a year; single copy, 25 cents. Second class postage paid at Chapel Hill, North Carolina 27514.

PHARMACIST ARRESTED FOLLOWING ROBBERY & FIRE

A Charlotte pharmacist whose store was reported robbed of controlled drugs and set afire last month has been arrested and charged with conspiring to sell and deliver the allegedly stolen drugs.

Charles P. Copses, owner of North Carolina Pharmacy, 3201 N. Davidson Street, has been indicted by a Mecklenburg Grand Jury on five counts of selling hydromorphone, methaqualone, and other drugs.

He was also charged with 14 counts of furnishing false inventory information to the U. S. Attorney General's office, the N. C. Drug Commission, and other government agencies.

Copses has not been charged in the pharmacy fire, which occurred at the time of the reported robbery September 7. Police investigators said the fire was deliberately set and there was no forced entry into the drug store.

Firefighters had to make a forced entry to fight the blaze. The fire was contained in the rear of the store near the prescription counter.

The felony charges against Copses carry a maximum penalty of 10 years for each of the 19 counts.

SK&F ASSIGNS HART TO RALEIGH TERRITORY

Jerry M. Hart has been assigned to the Raleigh, North Carolina, territory as a Professional Sales Representative for Smith Kline & French Laboratories, the pharmaceutical division of SmithKline Corporation.

Before joining SK&F, Mr. Hart was a sales representative for USV Pharmaceuticals. He earned a Bachelor's degree in psychology at East Carolina University, Greenville, North Carolina (1971).

Mr. Hart lives in Hillsborough, North Carolina, with his wife, Tanya.

THE HOODS OF KINSTON SPONSOR OPEN HOUSE

Children of the late John and Lucy Hood of Kinston held an Open House in October at

which time Mrs. Hood's works of art, sculpture, paintings, and displays were placed on exhibition.

Placed around the house for viewing were photographs of historical value, including those of Kinston, the North Carolina Pharmaceutical Association, and the old J. E. Hood and Company.

Two of the surviving children are Marsha Hood Brewer of Pink Hill and John Hood, Jr., of Kinston.

McNEIL LABS ESTABLISHED CONSUMER PRODUCTS DIVISION

Effective January 1, McNeil Laboratories, Inc. will be divided into two separate operating companies. They will be: McNeil Laboratories, a pharmaceutical company which will focus its efforts on the research, development and marketing of prescription products; and a new McNeil Consumer Products Company which will market Tylenol and other OTC products.

A CHRISTMAS REMINDER

If you make a practice of giving Christmas gifts to physicians and/or other professional or business people, we'd like to suggest something really worthwhile, and something that will make your selection easy.

We're referring to the Association's CONSOLIDATED PHARMACY STUDENT LOAN FUND, monies from which are used for the worthy purpose of helping students at the UNC School of Pharmacy.

It works this way: Simply send your check (payable to the Consolidated Pharmacy Fund) to the NCPhA office, P. O. Box 151, Chapel Hill, NC 27514, with the name(s) and address(es) of the physicians (or others) whom you wish to remember. We'll send a card acknowledging your gift.

We feel that pharmacists who follow this suggestion will find physicians to be genuinely pleased and honored with such a gift. This is Christmas giving at its best . . . helping worthy students.

MAXIMUM ALLOWABLE COST (MAC), DRUG/EFFECTIVE DATE IN NORTH CAROLINA

EFFECTIVE DATE	DRUG	STRENGTH	MAC
7-1-77	Ampicillin Capsules	250mg.	\$0.0725 per capsule
7-1-77	Ampicillin Capsules	500mg.	\$0.1390 per capsule
11-1-77	Penicillin VK Tablets	250mg.	\$0.0535 pr tablet
11-1-77	Penicillin VK Tablets	500mg.	\$0.1025 per tablet
11-1-77	Penicillin VK Oral Susp.	125mg/5ml.	\$0.0120 per ml.
11-1-77	Penicillin VK Oral Susp.	250mg/5ml.	\$0.0160 per ml.
11-1-77	Ampicillin Oral Susp.	125mg/5ml.	\$0.0145 per ml.
11-1-77	Ampicillin Oral Susp.	250mg/5ml.	\$0.0205 per ml.

PROPOSED MACS SET BY HEW PHARMACEUTICAL REIMBURSEMENT BOARD

(The effective date, with possible changes, to be announced later)

EFFECTIVE DATE	DRUG	STRENGTH	MAC
Unknown	Tetracycline HCL	250 mg.	\$0.0250 per capsule
Unknown	Tetracycline HCL	500 mg.	\$0.0465 per capsule
Unknown	Propoxyphene HCL	65 mg	\$0.0317 per capsule
Unknown	Propoxyphene with APC	65 mg	\$0.0330 per capsule
Unknown	Chlordiazepoxide HCL	5 mg.	\$0.0270 per capsule
Unknown	Chlordiazepoxide HCL	10 mg.	\$0.0378 per capsule
Unknown	Chlordiazepoxide HCL	25 mg.	\$0.0640 per capsule

CURRENT RX FEES—N. C.—AS ADMINISTERED BY PHARMACEUTICAL CARD SYSTEM

EFFECTIVE DATE	PCS PLAN	COMPANY	FEE
7-01-77	035, 064	Equitable Life Assurance Society	\$2.50
7-01-77	203	Massachusetts Mutual Life Ins. Co.	\$2.50
9-01-77	100	Lincoln National Life Ins. Co.	\$2.50
10-01-77	195	Liberty Mutual Ins. Company	\$2.55

Plan details may be obtained by writing: Pharmaceutical Card System, P. O. Box 20831, Phoenix, Arizona 85036.

PRESCRIPTION COST STUDY SURVEY UNDERWAY IN NORTH CAROLINA

Funded by a grant from HEW and the North Carolina Division of Social Services, a survey under the direction of Dr. Jean Paul Gagnon of the School of Pharmacy, UNC/CH, is now underway in North Carolina, the major purpose to determine the cost of dispensing a non-Medicaid Rx in the State. On a random sample basis, 100 pharmacies (all classifications in various areas of the State) will participate in the survey. The result is expected to influence future third party dispensing fees. For additional information, refer to Medicaid Update on page 7.

SPEED

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"Smith Portable Electronic Entry Device" is the key to a computerized ordering system that offers profitability by: increasing cash flow, improving in-stock position, eliminating stockroom inventory, up-to-date price control and maintenance, increasing employee productivity, reducing order writing and call in time up to 70%, error free, and receiving better discounts on speed orders. The discount you earn is on each invoice. There is no rebate to be audited monthly.



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PHARMACY



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UPDATE N. C. PHARMACY MEDICAID PROGRAM

The Computer Company (TCC), administrative agent for the North Carolina Pharmacy Medicaid Program, has effectively begun the operation and processing of Medicaid drug claims.

Three check-writes were completed as of November 10th for a total of \$1,628,000.00. By far, the largest payment was the November 10th check-write for 142,440 prescriptions.

In October, the average prescription billed to TCC was \$7.04. This increased to \$7.09 in November. According to Shelton Brown, Program Director, 58% of the claims received were NDC coded, which greatly facilitated processing.

EDS PHASE-OUT

EDS-Federal Corporation, the previous agent, has mailed its final checks totalling \$482,000 covering 24,750 claims. This leaves 4,900 claims which have been turned over to TCC for payment. These unpaid claims, most of which are eligibility-related denials, will receive high priority in an attempt to put the program on a current basis, according to Mr. Brown.

FOR ADDITIONAL INFORMATION

Questions pertaining to the Medicaid Pharmacy Program should be directed to: The Computer Company, P. O. Box 18600, Raleigh, North Carolina 27609. Toll free telephone 800-662-7141.

LEGISLATIVE COST CONTAINMENT COMMISSION

At the request of the Legislative Cost Containment Commission, representatives of the North Carolina Pharmaceutical Association presented the NCPHA's position on cost containment to the commission in Raleigh on November 4.

A prepared statement was presented to commission members by NCPHA Executive Director W. J. Smith and Al Mebane, Associate Director.

According to the NCPHA, the most effective single cost containment will be implementation of the Federal Maximum Allowable Cost Program. About 30 drugs, many of which are among the most widely prescribed drugs, are scheduled to be placed under the MAC program. It is anticipated this will have a greater impact on cost containment than the current 1977 enacted modification of the State's Anti-Substitution Law as it pertains to Medicaid prescribing and dispensing.

The possibility of a recipient lock-in was not deemed beneficial, except for those identified as shoppers and/or abusers of the program. The N. C. Department of Social Services is considering a special stamp as an identification for such recipients.

A six year comparison of Pharmacy expenditures, percentage-wise to the total budget, indicates that meaningful savings must come from other than the Pharmacy budget (see tabulation below).

PHARMACY EXPENDITURES—MEDICAID PROGRAM

<i>Fiscal Year</i>	<i>Pharmacy</i>	<i># Rxs</i>	<i>Total Program</i>	<i>Pharmacy %</i>
1971	\$14,545,517	3,277,396	\$93,948,592	15.5
1972	18,111,439	3,848,284	105,754,541	17.12
1973	23,623,204	4,419,291	128,515,123	18.38
1974	19,773,577	3,488,178	143,534,490	12.37
1975	21,536,622	3,840,833	183,928,850	11.7
1976	25,407,232	3,851,564	213,627,954	11.9
1977	27,242,459	4,103,092	260,811,349	10.4

These figures include the supplying of oxygen which inflates the pharmacy cost figures.

The number of eligibles has risen from 276,000 in 1971 to 350,000 in 1977.

The average price per prescription has risen from \$4.43 in 1971 to \$7.09 in 1977, which is caused by two factors; the increased cost for drugs to the pharmacist provider, and the trend to larger quantities being written by physicians.



THE FAMILY PRACTICE CENTER AT CHAPEL HILL

In recent years, the training of "Family Practitioners" has accelerated in North Carolina. The Family Practice Center at UNC, Chapel Hill, expanded so rapidly it outgrew its quarters in N. C. Memorial Hospital and now occupies an entire floor in the adjacent Gravelly Building.

A Family Practice Unit is now operational in Durham in the building formerly occupied by Watts Hospital. Since the staff physicians and co-workers can treat 90% of the patients seeking medical aid and are in position to obtain specialized services when needed, such Family Practice Units are being well received by the public.

For rural and semi-rural areas in need of "Family Doctors," the Family Practice Units will be a prime source for obtaining the services of this type practitioner. As an example, a majority of the recent graduates of the Family Practice Center at Chapel Hill are in practice in towns of 35,000 or less.

At the present time, there are nine units associated with various North Carolina hospitals. While operational procedures and requirements vary, the Family Practice Center at Chapel Hill, for example: (1) limits enrollments to families within a 30 mile radius of the Center; (2) complete physical required at time of enrollment; (3) assigned to a specific physician and back-up staff; (4) each enrollee receives an identification card with a telephone number which can be used to activate necessary service any hour of any day.

The re-emergence of the Family Practitioner is long overdue. As indicated by the rapidly expanding Center at Chapel Hill, the public has already placed its stamp of approval on this specific type of medical service.

Family Practice News, a monthly publication of the Family Practice Center of Chapel Hill, has this to say about calls to the Center:

Calls to the Family Practice Center when it is not open are handled similarly to the way a private doctor would handle calls; there is an answering service which relays messages to the doctor on-call. The Family Practice physician does not stay in the hospital all night. He remains at home, but is available to see pa-

tients with emergency problems and to recommend treatment for patients with non-urgent problems until regular Center hours. Each physician receives training in recognizing emergency problems and treating non-emergency problems over the phone.

PROCEDURE: If the problem is **not life threatening, call (966-2491)** and explain the problem. **Wait for the doctor to return your call** (usually a short period of time). When you speak to the doctor on-call, explain the symptoms that concern you. In addition, it is helpful to mention what anxieties you have regarding the cause of the problem. For example, are you concerned that the problem might be appendicitis or a miscarriage? The physician will assess whether this problem requires attention before the next office hours. He/she may arrange to meet you at the Family Practice Center which is quieter and more private than the emergency room at the hospital, or may recommend home treatment until regular Family Practice Center hours.

If the emergency is a **life or death situation**, you must get help immediately. First, notify or have someone else **notify the Family Practice doctor on-call (966-2491)** so that he or she can meet you at the emergency room. Then, **go to the emergency room** of the hospital. Life or death situations are conditions such as:

- Profuse and uncontrollable bleeding
- Major injury—broken leg or large chest wound
- Unconsciousness
- Stupor, drowsiness, and/or disorientation (patient unable to respond coherently)
- Shortness of breath (unless winded from running)
- Cold seats (sweating alone or with fever is not a "cold sweat")
- Severe pain (especially in the chest)
- Gunshot or knife wounds

These are all life-threatening emergencies. Other conditions could be considered less than an emergency, even though you might be anxious about the prevailing condition.

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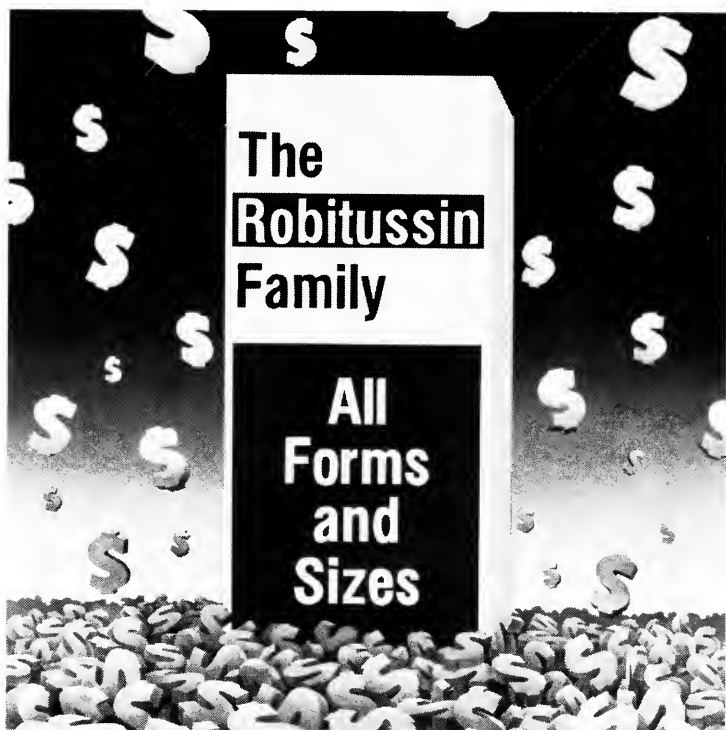
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RUBIN EMPHASIZES PHARMACIST RESPONSIBILITIES AT SEMINAR

Irving Rubin, Editor of Pharmacy Times and Guest Speaker at the First Annual Pharmacy Seminar Football Weekend in Chapel Hill, emphasized the pharmacist responsibilities in

- the sale and recommendation of OTC drugs
- the value of prescription-related services
- the increased number and complexity of third party payment programs
- the national organizations representing Pharmacy
- to eighty-five registrants present at the Seminar's 2-day kickoff dinner at The Carolina Inn.

The Seminar, co-sponsored by the N. C. Pharmaceutical Association, The Woman's Auxiliary of the NCPHA and the N. C. Academy of Pharmacy, attracted registrants from all areas of the state.

The Saturday, October 28, session started with a breakfast at the Institute of Pharmacy, then moved to the UNC Medical School for a

presentation "Women and Alcoholism—Out of the Closet and into Recovery" by Peggy Mann of WTVD, Durham, then across the street to the UNC School of Pharmacy where Dean Tom Miya hosted the registrants for a tour of the School and its facilities.

At noon, the registrants returned to the Institute of Pharmacy for a luncheon.

The afternoon activities included TV viewing of the UNC-Maryland football game, a barbecue and a presentation—BODY LANGUAGE—by members of the NCPHA Student Branch directed by Patsy Millar, President.

Participating in the skit in addition to Miss Millar were George Abercrombie, Cindy Thompson, Jack Koford and Georganne Sebastian. Contrasted were the Friendly Pharmacy vs The Don't Bet Your Life Pharmacy.

The 2-day program concluded with open house at the newly opened residence of the Milton Skolauts of Chapel Hill.

(Continued on Page 13)



An indication of the state-wide interest in the October Pharmacy Seminar in Chapel Hill is evident by these registrants pictured with Irving Rubin (center) of Pharmacy Times. Left to right: Ed Thomas of Shallotte, Fred Moss of Gastonia, Rubin, Keith Fearing of Manteo and Eugene Hackney, Lumberton. Photo by Colorcraft.



A highly prized possession of the UNC School of Pharmacy, a leaded glass mortar and pestle, is shown here by Dean Tom Miya. The interested observers are, left to right: Irving Rubin, Mrs. Milton Skolaut, Miya, Eugene Hackney and Al Mebane. Photo by Colorcraft.



Irving Rubin (2nd from left), Editor of Pharmacy Times and guest speaker in Chapel Hill at a recent pharmacy seminar sponsored by the N. C. Pharmaceutical Association, is pictured with Cleland F. Baker (left), a Burroughs Wellcome vice president; L. Milton Whaley, an officer of N. C. Mutual Wholesale Drug Company, Durham; and Barney Paul Woodard, a member of the North Carolina General Assembly. Photo by Colorcraft.

Pharmacy Seminar

Chairmen for the Woman's Auxiliary part of the Seminar was Mrs. Ralph Ashworth and the NCPHA, A. H. Mebane, III.

Acknowledgments include

- Photographs: Colorcraft (Horace Lewis)
- Social Hour: NCPHA Executive Committee and wives
- Dinner Decorations: Mrs. Grover Creech, Mrs. James L. Creech and Mrs. Marshall Sasser, all of Smithfield.
- Breakfast: New Hanover Pharmaceutical Auxiliary
- Audio Visual: UNC School of Pharmacy
- Printed Materials: Institute of Pharmacy staff

Presiding officers at the 2-day Seminar were Eugene W. Hackney, President of the North Carolina Pharmaceutical Association, and Mrs. Milton Skolaut, President of The Woman's Auxiliary of the NCPHA.

AUXILIARY DOINGS AT THE PHARMACY SEMINAR

Rheta Skolaut

A glorious weekend was had by all who attended the Pharmacy Seminar Football Weekend, October 28 and 29 in Chapel Hill. Eugene W. Hackney, President, NCPHA, and Mrs. Milton W. Skolaut, President, Woman's Auxiliary, NCPHA, jointly presided during the weekend.

Following the delicious chicken supreme dinner at the Carolina Inn, Mr. Irving Rubin, Editor of PHARMACY TIMES, gave an interesting and informative lecture "Why Pharmacy's Next Five Years Will Be Crucial."

Saturday morning began with an excellent Continental Breakfast—ham biscuits and rum-raisin rolls. Peggy Mann, CBS-TV Producer-Hostess of her daily program introduced her one-hour tape "Women and Alcohol: From the Closet—Into Recovery." Mrs. Mann captivated her audience, and many questions were asked following the tape presentation.

Brenda Kay Montjoy, recipient of the Lucile Rogers Scholarship, and Toulia Panagiotopoulou, recipient of the William Julius and Vivian Spradlin Smith Scholarship, were presented to the group.

Dean Tom Miya oriented the group to the School of Pharmacy and followed with an informative tour.

Mrs. Skolaut presided at a short business meeting of the Auxiliary. The service project of the year—alcohol abuse—was discussed and four pages of information were distributed. Mrs. Neta Whaley gave a report on the "Apothecary Kitchen." The Presidents of the Local Chapters were introduced. Brief plans were given for the Convention scheduled April 30, May 1 and 2, in Asheville at the Great Smokies Hilton.

After the very tasty soup and sandwich lunch, everyone enjoyed shopping or the televised UNC-Maryland football game.

Following the Barbecue, the group convened in the auditorium for a delightful skit "Body Language" presented by Patsy Millar, President of the Student Branch, NCPHA, and Pharmacy students, George Abercrombie, Jack Koford, Cindy Thompson, and Anne Sebastian.

The meeting was adjourned to the "Open House" at the Skolauts' new residence.

WINS TRIP

Mr. and Mrs. Ernest Anderson, Jr. of Anderson Drug, High Point, NC recently won a trip to the World Series and guest of Catfish Hunter. The trip was given by COMBE, Inc., incorporation, White Plains, New York. Due to the death of Mr. Anderson's sister they were unable to make the trip but received a check from the COMBE, Inc. in lieu of the trip.

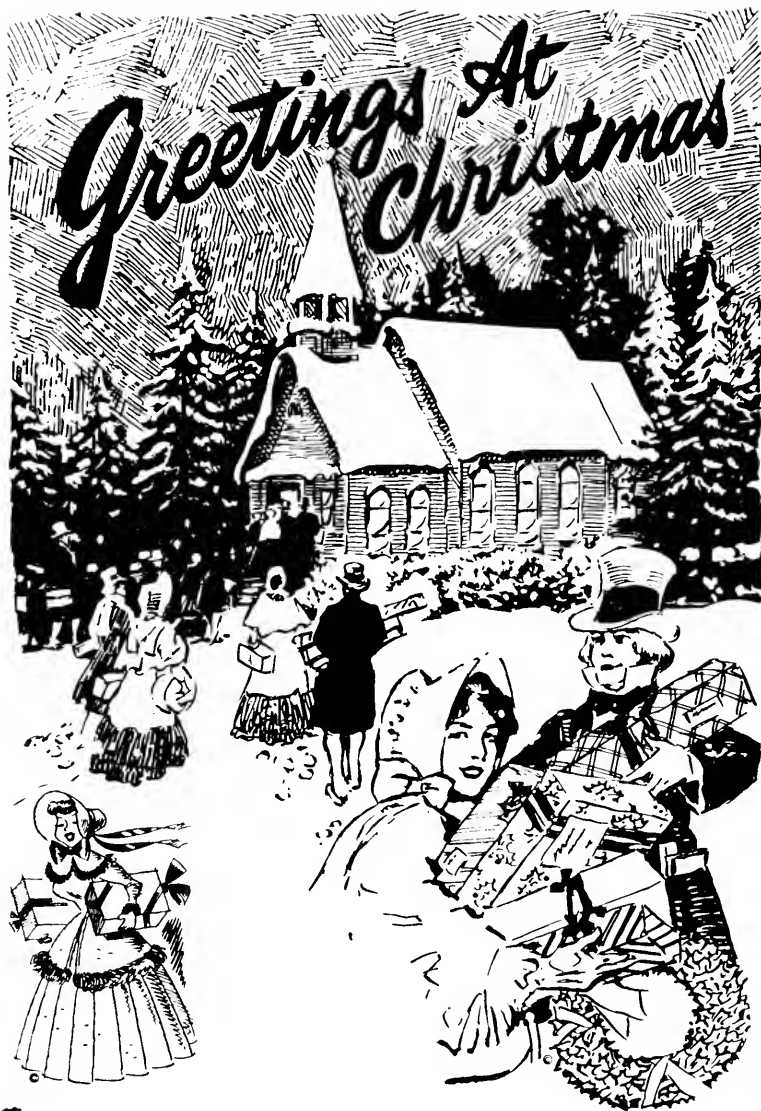
HYDE COUNTY'S FIRST PHARMACY OPENS

Hyde Park Pharmacy, the only pharmacy in the county, opened October 17, in Swan Quarter. Owned and operated by Bud and Edwin O'Neal of Belhaven, the pharmacy occupies 2,400 square feet and provides complete prescription service, rental of sick room aids, and other drug store merchandise. The brothers will alternate working in the store.

TAX SAVER

For extra tax savings this year—pay your NCPHA dues before January 1. Early payment will save postage on additional dues billings for your Association.

1978 dues statements will be mailed to members in December.



THE GEER DRUG COMPANY

STATE BOARD OF PHARMACY

NEW PHARMACIES

1. **Powell's Pharmacy**, Angier Plaza Shopping Center, Angier. William D. Powell, pharmacist manager.
2. **Plaza Discount Drugs, Inc.**, 323 Western Blvd., Jacksonville. Danny J. Yates, pharmacist manager.
3. **Kerr Discount Drugs**, 3649 New Bern Avenue, Raleigh. Stephen L. Moore, pharmacist manager.
4. **Hospital Pharmacy**, Hospital Drive, Spruce Pine. Jonas Moretz, pharmacist manager.
5. **Kroger Sav-On**, 820 South College Road, Wilmington. Mark Weaver, pharmacist manager.
6. **Revco Discount Drug Center**, Trade and Charles Streets, Matthews. Stanley E. Tunnell, pharmacist manager.
7. **Revco Discount Drug Center**, New Hope Road and Redbud Road, Gastonia. Eric S. Albright, pharmacist manager.
8. **Eckerd Drugs**, 2420 North Center Street, Hickory. Louis J. Utsey, pharmacist manager.
9. **Eckerd Drugs**, Mayberry Mall, Highway 52 Bypass, Mount Airy. Frank A. O'Neil, pharmacist manager.
10. **Big Value Discount Drug Center**, Edenton Village Shopping Center, Ronald T. Tripp, pharmacist manager.
11. **Revco Discount Drug Center**, 2627 South Main Street, High Point. Bernard Collie, pharmacist manager.
12. **Revco Discount Drug Center**, 4118 Raeford Road, Fayetteville. V. Allen Faircloth, pharmacist manager.

CHANGE IN OWNERSHIP

1. **Elm Street Pharmacy, Inc.**, 376 North Elm Street, Greensboro. J. Frank Burton, pharmacist manager.
2. **Gibson's Pharmacy**, 68 South Kerr Avenue, Wilmington. David C. Anderson, pharmacist manager.

LIMITED SERVICE PERMIT

St. Luke's Pharmacy, Columbia. L. Wood Farless, pharmacist manager.

RECIPROCITY

Amy Man-Mei Wu from New York
Stephen Michael Cowne from Kentucky
Roger Dale McCollum from South Carolina
Debra Smith Yarborough from Missouri

NC MUTUAL SPONSORS *Pharmacy Computer Seminar*

Under the sponsorship of N. C. Mutual Wholesale Drug Company, a seminar on pharmacy computer systems were presented in Raleigh, at the downtown Holiday Inn, November 9.

Three systems, each representing a different systems philosophy, were shown to a large group of member pharmacists from across the state, after which a survey was taken to determine the system most acceptable to the members. The systems ranged from a free-standing system by Olivetti Corporation; a 90% free-standing, 10% on-line with a wholesaler system by Burroughs Corporation; to an on-line system to a host computer system by Healthcom. Each of the systems was well presented and generated many questions from the audience.

ONLY YOU CAN MAKE IT WORK!

By William F. Pillow, Jr.
Editor, *Tile and Till* and
Coordinator of Professional Relations Programs
ELI LILLY AND COMPANY

Pharmacists throughout the nation now face the greatest opportunity ever afforded for firmly establishing themselves as professionals. Yet, it is also one of the most controversial matters ever encountered in practice. One thing seems certain, however. It's a challenge which pharmacists alone can meet—no one else can do it for them.

Many of us have had the experience of being disappointed when expectations were not met. Whenever this happens, it becomes even more difficult to convince the public about something. Look at it this way and let's suppose that all the public communications media were to carry programs and articles about the pharmacist's professionalism. But, when Mrs. Smith goes to have her prescriptions filled, she seldom sees the pharmacist and may never talk with him or her. How much of what she heard about pharmacists' professionalism will she believe?

Eli Lilly and Company has just introduced a unique new program which pharmacists can use to help inform the public about professional services they provide. It is a series of 30-second television public announcements developed by Lilly and made available through state pharmaceutical associations. Pharmacy organizations can arrange to have these televised in their own area on public service broadcasting time. But, for these messages to be fully effective, it will take the concerted efforts of pharmacists themselves in their day-to-day contacts with patrons. That shouldn't be particularly difficult or demanding. After all, not every prescription, every filling, or even every patient requires a detailed explanation or a lengthy talk with the pharmacist. Many pharmacists use ancillary prescription labels for added instructions and call the patients' attention to these.

Four television spot announcements are currently available, each one opening with a different potential problem or concern that patrons may have with their medicines; patient compliance, drug interactions, adverse effects, and OTC drugs. Each message then suggests how the pharmacist can help and encourages viewers to get to know their phar-

macist. These are sure to spark the interest of many viewers and foster a better understanding and appreciation for the professional services pharmacists can provide. The Erie County (Pennsylvania) Pharmaceutical Association, has developed a variety of items for use in the pharmacy to reinforce these messages in patrons' minds each time they visit their pharmacy and to encourage better pharmacist-patron communications.

Since these announcements not only promote the pharmacist's professional services but also help the public understand and use medicines more effectively, they hold special appeal for television public service broadcasting time. The new program provides pharmacists with an innovative yet flexible approach for reaching the public, around which pharmacy organizations may wish to build their own public relations program, supplementing the announcements with other types of materials and ideas from the local association itself.

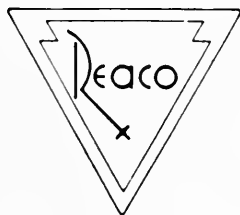
It's not difficult to get the videotaped messages televised. The person to see at the television station is usually the Public Service Director or Community Affairs Director at larger stations or the Program Director at smaller stations. It could be helpful for the individual making the contact to call ahead and introduce himself or herself and to describe briefly the public service announcements. He or she might then offer to deliver the public announcements. He or she might then offer to deliver the videotape personally or to leave it at the station for the director to preview when convenient. The director may wish to see the scripts from which the announcements were prepared, either before or instead of, previewing the videotape itself. Copies of the scripts accompany each videotape and extra ones are available at no charge from the state association office or from the Lilly Professional Relations Department. These scripts may also be useful in getting the announcements broadcast on radio, since some radio stations prefer to read directly from the script rather than use recordings. In contacting the television station,

the request can be made that they put the announcements into their Public Service rotation schedule for the following 90 days. Customarily, they will report, when requested to do so, when the messages were televised. In the event that the Public Service, Community Affairs, or Program Director is not familiar with the potential public health hazards associated with patient non-compliance, drug interactions, adverse effects, and OTC drugs, the pharmacist making the contact may wish to present the Director with a complimentary copy of the booklet, "What You Don't Know (About Medicines) Can Hurt You." These are available at no charge from the state association office or the Lilly Professional Relations Department.

Only you can make this program work. To your patrons, you are the health professional they see most often and most informally. You are the one they look to for help every time they walk up to your prescription counter. How well you hear them and respond can affect your image as a pharmacist, the image of your pharmacy, and, indeed, the image of the profession.



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All of us together can correct the problems of pharmacy. One real problem is our failure to speak up... to do a good job of communicating with each other and with

the public. Familiarity may breed contempt, but unfamiliarity tends to breed suspicion. Maintaining our good name and professional image deserves the urgent attention of everyone in pharmacy **today**. Effective, meaningful communication is the best way to assure the survival of pharmacy **tomorrow**... Indeed, it may be the only way.

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“THE APOTHECARY KITCHEN”

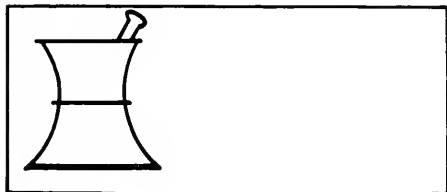
The Apothecary Kitchen—a Cookbook which the Woman's Auxiliary is compiling—will be published December 9 in time for Christmas giving. The more than 400 recipes cover everything from appetizers to desserts.

Art work by Neil Fulghum of Raleigh is worth more than the price of the publication.

In addition to Mr. Fulghum, others who have put in many hours to insure the success of the book include Rheta Skolaut, president of the Woman's Auxiliary; Gladys Jones, editor and compiler; Brenda Johnson, typist; Ann Gagnon and members of the Chapel Hill Auxiliary, proofreaders; Neta Whaley, business manager; and the staff at the Institute of Pharmacy.

Proceeds realized will be used for scholarships for students of the UNC School of Pharmacy and/or related pharmacy activities.

You may order your copies by using the reply forms below.



SAMPLE RECIPE

ALMOND-CHEESE CASSEROLE

10 slices day-old firm-type bread

½ lb. Cheddar cheese, shredded

2½ cups milk

4 eggs

¼ tsp. almond extract

1 tsp. salt

¼ c. butter or margarine, melted

½ cup almonds, sliced or slivered

Remove crust from bread and cut bread in cubes. Alternate layers of bread and cheese in shallow 2-quart baking dish. Beat next 4 ingredients lightly together and pour over bread and cheese. Pour butter over top and refrigerate 8 hours or overnight. Sprinkle with slivered almonds and bake in moderate oven at 350° for 35 minutes or until firm and golden brown. Yield: 8 servings.

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*All checks should be made payable to **NCPHA Woman's Auxiliary** and mailed to the Auxiliary at PO Box 151, Chapel Hill, NC 27514.

SK&F ANNOUNCES A NEW UNIFORM PRICE POLICY

Smith Kline & French Laboratories announced a new uniform price policy—Uni-Price—for its 'SK-Line' of branded generic pharmaceuticals, effective December 1. The Uni-Price system incorporates trade discounts, pharmacy allowances and individual product price reductions into all 'SK-Line' prices to wholesalers.

Wholesalers will base their prices to pharmacists on the Uni-Price structure, without a manufacturer's list price or suggested retail price.

"Our Uni-Price policy represents a significant evolutionary step in the pricing of multisource products," said Joseph L. Rutledge, General Manager, 'SK-Line.' "It reflects our awareness that wholesalers and retailers have a need—particularly on multisource products—for prices that are straightforward and easily determined. We have reviewed this concept extensively, and we are convinced that it responds to the needs of the marketplace."

Since its introduction in 1971, the 'SK-Line' has grown to include a broad range of quality pharmaceuticals. Its continuing expansion will enable physicians to prescribe 'SK-Line' in a variety of major therapeutic classifications and assure pharmacists a complete line of important multi-source drugs.

"We believe the Unit-Price policy will strengthen the role of the wholesaler in the growing multisource market and, in turn, the 'SK-Line,'" Rutledge added.

"The Unit-Price policy operates in the best interests of pharmacists who want forthright pricing systems to simplify the selection and pricing of multisource pharmaceuticals."

The 'SK-Line' of quality products is backed by SK&F's comprehensive liability protection and returned goods policy.

The Uni-Price policy is being launched with an extensive trade and medical advertising campaign, plus intensive promotional efforts by SK&F and wholesaler sales forces.

LUMBERTON

Hermitage Pharmacy on Fayetteville Road was entered by two armed, masked men about 6 P.M., October 25th, who demanded money and drugs from the pharmacist, Andy Thorn-dyke. After tying him with tape, the two fled but were captured at 2:30 by highway patrol and Lumberton police department officers.

DUNN

A known drug addict was arrested inside the Hospital Pharmacy in Dunn after chopping a large hole in the roof, through which to enter. The suspect was free on bond pending a hearing on a charge of breaking and entering a Clinton pharmacy. Pharmacist Caul R. Jernigan credits the silent alarm, tied to the police department, with the capture.

"Service in Wholesale Quantities"





PHARMACY'S CHERYL KING UNC HOMECOMING QUEEN

Cheryl A. King of Tryon, a 5/5 UNC School of Pharmacy student, was the 1977 University of North Carolina Homecoming Queen.

Cheryl gained this coveted honor by popular vote of the entire UNC student body and selection over eleven beautiful finalists. She reigned as Queen at the Clemson-UNC game.

Cheryl is the daughter of Mr. Theodore King of Tryon and attended Tryon High School where she was head cheerleader, "Outstanding Student of America," and received the highest mathematics and science awards. At the School of Pharmacy, she is a

member of the Student American Pharmaceutical Association (SAPhA) and Secretary of the Student National Pharmaceutical Association. She is also a member of Alpha-Kappa-Alpha Sorority, Inc.

After an internship in the Wilmington area, preferably in hospital pharmacy, Cheryl hopes to remain there. She says that she "loves pharmacy to death" and is particularly interested in hospital pharmacy where she can "orient patients toward better compliance on a pharmacist-to-patient basis."

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These days, any company that depends on "yes" men for advice is riding for a fall.

At Upjohn, the views of pharmacy are important to us.

These ten leaders on our 1977 Pharmacy Consultant Panel have provided us with an invaluable service.

They provide their views on a variety of matters — professional and operational — giving us their candid opinions.

For this, we are sincerely grateful.

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Upjohn

PHARMACISTS WIN MAYOR/CITY COUNCIL POSTS

BILL JOHNSON ELECTED MAYOR

W. L. (Bill) Johnson, owner and manager of the Corner Drug Store, is the newly elected mayor of Franklinton. He was unopposed for the post.

Johnson has served on the town Planning Board and served two terms as President of the Franklinton Township Chamber of Commerce which he helped organize.

A graduate of the UNC/CH School of Pharmacy, Class of 1961, Bill was licensed as a pharmacist same year.

WILSON ELECTED TO RALEIGH CITY COUNCIL

William H. Wilson, Raleigh pharmacist and past president of the North Carolina Pharmaceutical Association, led all candidates in the November 8 Raleigh City Council election with 17,315 votes.

In the primary, Wilson was one of the top vote getters in a field of eight candidates. Of the four candidates on November 8th, only one other candidate approached Wilson's total votes; the other two candidates were in the 6000 range.

A number of pharmacists were successful in various races but Wilson is believed to be the only pharmacist to be elected to a city council in the population range of Raleigh.

BENNY RIDOUT

You know him best as Pharmacist Consultant to the North Carolina Division of Social Services, Raleigh, but now, due to a landslide victory in the recent municipal elections, Mr. Ridout is mayor of Morrisville.

GEORGE OLIVER MARKHAM

Markham Drug Company, Fayetteville, was elected to a seat on the City Council in the general election November 8th.

JOHN TALLEY

Broadway pharmacist, has been elected a member of the Broadway Town Board.

WHITAKER MOOSE

Following in his father's footsteps (Hoy Moose served as mayor of Mount Pleasant for more than 20 years) by being elected to the Mount Pleasant Town Board.

JOE BARBOUR, JR.

In the election for members of the Burlington City Board, Pharmacist Joe Barbour, Jr., Barbour Drugs, led the entire ticket. This is a second term for Barbour.

YOUR ASSISTANCE NEEDED

If elected to public office in November, please mail details to the NCPHA.

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TWO CONTINUING EDUCATION PROGRAMS PLANNED FOR FEBRUARY

The 12th ANNUAL SEMINAR ON SOCIO-ECONOMIC ASPECTS OF PHARMACY PRACTICE will be held at the Carolina Inn on Wednesday, February 15, 1978. Co-sponsor is the North Carolina Pharmaceutical Association.

This year's Seminar is unique in that the entire day's program will be presented by only two speakers.

The morning session, "Report of the OTC Review Panels," features Armond M. Welch, R.Ph., O.T.C. Panel Administration, Bureau of Drugs, Food and Drug Administration, Washington, D. C. Mr. Welch will present information on FDA's concentration on the manufacture and sale of OTC drugs. This is an area of great interest and importance to all pharmacists.

In the afternoon, David L. Schmidt, Ph.D., presents "The Art of Pharmacist Assertiveness." Dr. Schmidt is President of Management Development Associates, Shawnee Mission, Kansas.

The registration fee is \$15 which includes lunch at the Carolina Inn. Six hours of continuing education credit are approved.

Brochures will be mailed to pharmacists about December 15.

The second course, "BOWEL MANAGEMENT OF THE GERIATRIC PATIENT," will be held at the Holiday Inn-Woodlawn, Charlotte on Wednesday, February 22, 1978. This program features C. Thomas Nuzum, M.D., Associate Professor of Medicine, UNC School of Medicine, "Anatomy, Physiology and Pathology of the Gastrointestinal Tract." Dorothy Burford, R.N., M.P.H., Clinical Nurse Specialist in Rehabilitation, North Carolina Memorial Hospital, speaks on "Bowel Management of the Geriatric Patient." "The Laxatives from a Geriatric Point of View" will be presented by Philip Gerbino, Pharm. D., Associate Professor of Clinical Pharmacy, Philadelphia College of Pharmacy and Science.

Co-sponsors with the School of this 5 hour continuing education course are the Char-

lotte Area Health Education Center and Hoechst-Roussel Pharmaceuticals, Inc.

Tuition is \$15.00 which includes lunch. Announcements will be mailed about December 15th.

FACULTY NEWS BRIEFS

DEAN TOM S. MIYA has been appointed U. S. Reviewer for a Toxicology Training Program proposed for McGill University, Montreal, P. Q., Canada. This is especially noteworthy since there are no active toxicology programs in Canada at the present time.

ASSISTANT PROFESSOR J. HEYWARD HULL, Division of Pharmacology, was the co-recipient of the "Research Award" of the American Society of Hospital Pharmacists Research and Education Foundation for the paper "Gentamicin Serum Concentrations: Pharmacokinetic Predictions." This research paper appeared in **Annals of Internal Medicine** in its February, 1976 issue. Co-author with Professor Hull was Dr. F. A. Sarubbi of the UNC School of Medicine. Hull was also featured speaker at the annual meeting of the Southern Association of Institutional Dentists held recently at Williamsburg, VA. Hull presented four papers dealing with drug interactions.

PROFESSOR FRED ECKEL, Head, Division of Pharmacy Practice, has been named Hospital Pharmacy Editor for **Southern Hospitals**. Recent grants to faculty include: DR. A. M. MATTOCKS, Division of Pharmaceutics, \$17,448 from A. H. Robins Company, "Bioavailability of Quinidex Research." DR. K. S. ISHAQ, Division of Medicinal Chemistry, \$37,392 from National Cancer Institute, "Potential Inhibitors of Chromatin Bound Protease." SANDRA H. HAK, Division of Pharmacy Practice, \$1,000 from E. R. Squibb & Son. "Compliance with Ten Day Ampicillin Therapy in Children with Acute Otitis Media."

Dr. B. Wesley Hadzija, Division of Pharmaceutics, has been selected as a member of the Pogue Scholarship Committee to select deserving students for awards in the value of \$2,500 yearly. These scholarships are available by the bequest of the late Dr. and Mrs. Joseph Pogue.

A MESSAGE FROM DEAN MIYA . . .

The Faculty Retreat held at Mid Pines had as its theme, "Retreat—An Agent for Change." The focus was on competency and a competency-based curriculum. My perception is that the faculty entered the discussions with some reticence, but by the time the last word was spoken we were, by and large, "singing from the same hymnal." Additionally, an important discussion on student progression culminated in guidelines which we hope are reasonable and that they will be sensibly, firmly and consistently applied. Compassion and the human element will not be abandoned as we apply the guidelines.

One of the arguments advanced for the assumption of safety of substances on the GRAS (Generally Regarded as Safe) list is their long history of use. Being brought up and weaned in the scientific method, it is indeed difficult to conclude that a substance is safe, especially for long-term use, because that material has been used for many years without overt harmfulness. There are improved ways to assess safety, and, in light of new knowledge, these must be considered.

Pharmaceutical education and the entire academic environment cannot sit back and continue traditional philosophies and methods of education (TEPIP—Traditional Educational Philosophies in Pharmacy) just because they have served us well for past generations without "overt harm" being done. A competency-based curriculum is not the total answer, and we will attempt to move forward on other educational plans. We will retain what is good about TEPIP, but we need to set modified educational objectives. Professional schools mold the practitioner and, therefore, the profession. We do have a major responsibility to society as a whole, to the State of North Carolina, its practitioners and the pharmacy profession.

From the Student Government

George Abercrombie 5/5
Student Body President

Every year the National Pharmaceutical Council (NPC), in cooperation with the Student Branches of the American Pharmaceutical Association (SAPhA), sponsors the Pharmaceutical Industry Summer Internship Program. This internship program is designed to give qualified pharmacy students on-the-job exposure to different departments within a large pharmaceutical company. The job experience is designed to add to the pharmacy student's overall knowledge of pharmacy, especially the industrial aspect. The program helps to broaden the student's knowledge of the pharmaceutical industry and its role in both the pharmacy and medical professions. Most internships include rotating assignments to several company departments including research and development, production, quality control, marketing, and regulatory affairs.

Each intern is assigned to an executive or specialist within the company, always a registered pharmacist, who is responsible for the intern's training and work experience. Many individual programs have been approved for internship credit by state boards of pharmacy. However, if it is essential that the student receive credit for the summer program, he or she is urged to check with the appropriate state board of pharmacy before accepting an appointment as an intern.

The Summer Internship Program is approximately twelve weeks long, beginning after the end of the spring semester. Specific dates are determined by individual companies. Salaries are quite adequate for covering summer living expenses and are usually very competitive with community pharmacies. To qualify for the Pharmaceutical Industry Summer Internship Program, a student must be in good standing in an accredited college of pharmacy and must have completed at least one professional year of a college program leading to a degree in pharmacy. Students with one year to complete before graduation will be given preference. Applications and further information are available in Room 105.

Eighty internships were conducted by NPC member companies in 1977, and indications are that seventy to eighty positions will be available for the 1978 program. In North Carolina, Burroughs Wellcome Company is the only pharmaceutical company participating in the NPC program. Approximately twenty-five large companies participate throughout the United States.

From my personal experience at the Burroughs Wellcome Production Facility in Greenville, North Carolina, I fully support the NPC venture and urge all interested students to give the program serious consideration. My NPC work with Burroughs Wellcome offered an exciting and challenging look at one area of the pharmacy profession in which the School's exposure is limited.

ACETAMINOPHEN OVERDOSE

Edited by David Rudd

Coordinator, Drug Information Program

Instructor, Clinical Pharmacy, UNC

School of Pharmacy

Acetaminophen overdose is a relatively new and growing problem in the United States. In the past, case reports of acetaminophen toxicity and death were largely confined to the British literature. As the promotion and sales of acetaminophen alone and in combination increase in the U. S., more cases of chronic abuse and acute overdose can be expected. Guidelines for treatment of acetaminophen overdose are not clear-cut at this time; however, pharmacists and physicians should become thoroughly familiar with recognized modes of therapy.

Clinical observations in acetaminophen-overdosed patients are unusual in that signs of toxicity may not be apparent until 1 or 2 days after the ingestion. Rumack and Matthew have described three phases commonly seen after a toxic ingestion.¹ In the first phase, anorexia, nausea, vomiting and diaphoresis may begin within a few hours after ingestion. At this point no CNS depression can be detected, but the patient may feel very ill and weak. These primary symptoms decrease in severity in the second phase, but hepatic enzymes, bilirubin, and prothrombin time may begin rising into the abnormal range. The liver may become enlarged and tender at this point and a decreased urinary output may be seen. Three to five days post ingestion, the effects of hepatic necrosis are progressively manifested as jaundice, coagulation defects, hypoglycemia, encephalopathy, renal failure, and cardiomyopathy. Death is usually a result of hepatic failure and is dependent on the degree of necrosis caused by the acetaminophen ingestion. Death has been reported after the ingestion of as little as 15 gm of acetaminophen.² These observed hepatic sequelae can be explained on a pharmacologic basis. The majority of acetaminophen is conjugated with glucuronide or sulfate in the liver. The P-450 mixed function oxidase system is involved in metabolism of a small amount, forming a toxic metabolite. This is quickly detoxified by hepatic glutathione, and the combination excreted as mercapturic acid. Large doses of acetaminophen may cause depletion of glutathione stores, resulting in covalent binding of the toxic metabolite to the nucleophilic liver cell macromolecules.³ The severity of hepatic injury may be increased if the patient has also been taking agents known to induce P-450 enzymes. Centrilobular areas of the liver are most commonly affected. If the patient survives, liver function tests usually revert to normal within three months, though biopsy may reveal minimal fibrotic changes.^{1,4}

Treatment of acetaminophen overdose must begin with a careful history from the patient or the person accompanying the patient to the emergency room. The interviewer should determine: 1) If an overdose of acetaminophen has actually been taken; 2) If he has also ingested other toxic agents; 3) Time of ingestion. Primary treatment is essentially the same as for other ingestions.

Induced emesis is appropriate if the patient is still at home. If the patient is already at the hospital, lavage with a large bore tube is recommended because ingestion recovery may be higher, and ipecac-induced emesis may interfere with the tolerance of oral antidotes by the patient. Activated charcoal is of limited usefulness when given more than an hour after the ingestion, since absorption of acetaminophen is rapid. Charcoal may be necessary in cases of mixed agent overdoses. Hemodialysis and forced diuresis have been shown to be of little value in the treatment of acetaminophen overdose.¹

Exogenously administered glutathione is not taken up by the liver, and, therefore, does not afford protection for the liver in acetaminophen overdose. Cysteamine and acetylcysteine, proposed nucleophilic donors, and methionine, a glutathione precursor, have been shown to offer some protection to the liver. None of these agents are approved by the FDA for treatment of acetaminophen overdose. Informed consent should be obtained if possible before any of the agents are used on a patient. Methionine and cysteamine should be started within 10-12 hours of the ingestion. Administration after hepatic damage has occurred may complicate the patient's condition. Treatment with acetylcysteine may be started up to 24 hours after ingestion, but results are improved with shorter ingestion-treatment intervals.⁵

Cysteamine must be administered intravenously and produces side effects of nausea, vomiting, drowsiness, and irritability which last for 2-3 days. Prescott, et al., have reported success with this agent in England^{6,7} however, it is only available in the U. S. as a reagent grade powder.

Methionine is an amino acid which can be given orally or intravenously. It has been shown to afford a degree of liver protection in most patients studied in England,^{6,7} and is used in at least two North Carolina hospitals presently. Methionine is administered orally in a dosage of 2.5 GM every four hours for four doses. It has few side effects and is commercially available in the U. S. for other indications.

Acetylcysteine (Mucomyst®) is the only antidote with an approved IND. The 20% solution is diluted to a 5% solution with cola or juice. A loading dose of 140 mg per kilogram of body weight is given orally, followed by a maintenance dose of 70 mg/kg every four hours for 17 doses. If an antidote is deemed necessary, Dr. Barry Rumack's office at the Rocky Mount Poison Control Center may be contacted 24 hours a day for advice on the use of acetylcysteine. He or his associates will provide the IND protocol upon request, call the inquirer back every eight hours, and determine acetaminophen plasma levels in blood samples shipped to him. Inquirers with acetaminophen overdose cases may call collect to 303-534-0312 for instructions.⁸

The dilemma of whether to give or withhold an antidote is not uncommon. It has been shown that the acetaminophen dose ingested may not always correlate well with the plasma acetaminophen levels obtained from the patient's blood sample.⁹ Instead of relying on patient history alone, a better practice is to obtain at least one acetaminophen level or calculate a plasma half-life based on two levels. Laboratories set up for a simple colorimetric assay can usually have the results back within an hour of receipt. Rough graphs based on time elapsed since ingestion, blood levels, and previous experience have been constructed to allow more accurate determination of the patient's need for an antidote.⁶ Plasma levels of greater than 400 µgm/ml four hours after ingestion or 200 µgm/ml 12 hours after ingestion are usually associated with very severe liver damage. Levels at the same time intervals of less than 150 µgm/ml and 70 µgm/ml, respectively, may be associated with mild or absent liver damage. Plasma acetaminophen half-lives may be useful estimates of the degree of hepatic damage to be expected. Acetaminophen half-lives of greater than four hours are usually associated with some degree of hepatic damage.

As a rule, patients with the risk of very severe liver damage should be treated with an antidote.

The decision to give antidotes to patients whose levels fall in the grey zone between severe and mild should be based on clinical evaluation of measured plasma levels and a determination of acetaminophen plasma half-lives if possible. Hopefully, more accurate and easy to follow guidelines will be developed as more patients are assessed and treated under rigid protocols.

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IT ONLY TOOK ONE-HALF HOUR

Leonard Berlow, Assistant Professor, Pharmacy Administration

November 9, 1977—Within a period of one-half hour this morning I learned from an Associated Press article in the **Durham Herald** that "about four out of 10 jobseekers tested for honesty fail and those most likely to steal from their employer are gas station attendants, bartenders, and pharmacists, a leading polygraph firm says."

The firm referred to in this article is John Reid and Association, who deal in lie detector tests. Reid claims it will probably administer

close to 100,000 tests this year. J. Kenneth Frederick, Director of Marketing for the firm said, "In the past, employers were hesitant to identify their theft problem as internal. After all, no one wants to say the guy he's been going to lunch with for the past 20 years, or maybe the guy he hired, has been stealing from him. They used to blame the problem on shoplifters and clerical errors but the National Retail

(Concluded on Page 30)

CHARLOTTE

Reported by Mrs. W. B. Hawfield

A cookout at the home of Mr. and Mrs. Don Weathers started the new club year for the Charlotte Woman's Pharmaceutical Auxiliary. Husbands were guests of the members.

Following the cocktail hour, charcoal grilled steaks, salads, dessert, and fine fellowship were enjoyed.

FAYETTEVILLE

New officers for the coming year of the Cape Fear Pharmaceutical Auxiliary were installed at the October meeting by Mrs. James R. Hickmon, past-president of the State Auxiliary.

Installed were Mrs. Harold E. Malion, president; Mrs. A. Hunter Smith, vice-president; Mrs. J. Cody Newton, secretary-treasurer; Mrs. George O. Markham, historian, and Mrs. George W. Markham, publicity.

Mrs. Hamilton P. Underwood, president, presided during the meeting and was presented a gift in appreciation of her work during the past year.

GREENSBORO

Reported by Cassandra Setzer

The Greensboro Pharmaceutical Auxiliary started their year with a meeting at the home of Mrs. Carroll Graham. Mrs. Roger C. Barricks, president, presided at a special orientation program for prospective members. Hostesses for the meeting were Mrs. J. Frank Pickard, Mrs. Jack Upton, and Mrs. Graham. Mrs. Joe Johnson, Program Chairman, presented a very interesting calendar of programs for the year.

State auxiliary projects of the cookbook, *The Apothecary Kitchen*, and "Alcohol Abuse—Alcohol and Women" were discussed.

Officers of the Greensboro Auxiliary are Mrs. Roger Barricks, President; Mrs. Joe Johnson, Vice-President; Mrs. J. G. Blanchard, Recording Secretary; Mrs. Evan S. Setzer, Jr., Corresponding Secretary; Mrs. D. C. Bracker, Treasurer; Mrs. M. M. Edmonds, Historian; Mrs. W. P. Rose, Chaplain; Mrs. J. Frank Pickard, Membership Chairman; Mrs. Jack Upton, Year Book Chairman; Mrs. Carroll Graham, Ways and Means.

IT ONLY TOOK ONE-HALF HOUR

(from Page 29)

Merchants Association now says that 80 percent of all inventory shrinkage is due to internal theft," says Frederick.

Speaking specifically about pharmacists, Frederick had this to say, "A majority of the pharmacists tested have turned out to be poor risks, also. Many pharmacists started out to be doctors and didn't make it. They took pharmacy as a second choice but still identify with a peer group—doctors—that has a high standard of living. They steal to keep up their lifestyle," continued Frederick, "in many cases, a pharmacist is actually manager of the store and by jockeying inventory reports he can steal just about anything—money out of the till, drugs, prophylactics."

That was just the first degradation of pharmacy in that one-half hour period. The second came on the "Good Morning, America" program when Jack Anderson, the syndicated columnist of "Washington Merry Go-Round," spent most of his allotted time "exposing" the large drug manufacturers who claim their prices are kept high to assure quality control of what they manufacture. The problem with this, according to Anderson, was that many of the larger pharmaceutical manufacturers (which he named) buy their drugs from small fabricators and merely stamp their own trade-name on the product. He then went into several prescription drugs stating that the FDA had assured him that they were generically equivalent in spite of a wide variance in prices. His examples were dramatic and were intended to alert the public to what he considered unfair costs for health care in terms of prescription drugs. There can only be conclusion. He did.

It seems that pharmacy and its professionals are constantly being harassed by the media, the public and consumerists who are becoming a strong force in regulating and monitoring pharmacy. The problem is that pharmacy appears disorganized in speaking out for itself to demonstrate the good that it is doing in behalf of society. If pharmacy had been successful in fulfilling this obligation, then articles and other media blasts couldn't happen.

As it was, it only took one-half hour.

MARRIAGES

Miss Mary Kathryn Hewett and *Mr. James Martin Taylor* were united in marriage on Saturday, September 17 at the First Presbyterian Church in Mooresville, by the Rev. Edwin Lewis who officiated at the ceremony.

The bride is employed by the Ethan Allen Carriage House in Charlotte. The groom is a graduate of the School of Pharmacy University of North Carolina at Chapel Hill and is a pharmacist at Pike's Drug Center in Kanapolis.

The couple will make their home in Charlotte.

Miss Luanne Malone Jobe and *Thomas Ledbetter Nicholson, Jr.* were married Saturday, October 29 in the Mebane Presbyterian Church. The Rev. Allen McSween officiated at the ceremony.

The bride attended Meredith College and was graduated from the University of North Carolina at Chapel Hill with a BS degree in business administration. The bridegroom was graduated from the School of Pharmacy University of North Carolina at Chapel Hill and is a registered pharmacist at Lanier Drug Company in Fayetteville and Spring Lake Drug Company at Spring Lake. The couple will reside in Fayetteville.

The wedding of *Miss Linda Rae Sharpe* and *Harvey Alston Mitchell, Jr.* took place on Saturday, October 22 in Asheville's Central United Methodist Church. The Rev. Orion Hutchinson officiated at the double-ring ceremony.

Mr. & Mrs. Mitchell are both graduates of the University of North Carolina School of Pharmacy at Chapel Hill where they were members of Rho Chi, pharmacy's honorary society. Mrs. Mitchell is employed by Memorial Mission Hospital in Asheville. Mr. Mitchell is employed by Revco in Asheville. The couple will make their home in Asheville.

DEATHS

W. B. EVANS

William Bryan (Bill) Evans, age 79, Greensboro pharmacist, died October 11 in Moses Cone Memorial Hospital after six weeks of illness.

Following issuance of pharmacist's license in 1923, Mr. Evans was associated with various Piedmont, N. C. pharmacies until entering military service in 1942. He was associated with McDuffie-Eubanks Drug Company of Greensboro, 1945, and later (1949) became owner and manager of the White Oak Drug Store. He has been in retirement in recent years, making his home in McLeansville.

MRS. BETTY ROBINSON

Mrs. Betty Boney Robinson of Goldsboro, wife of Pharmacist Thomas P. Robinson, died October 4 in Guardian Care Nursing Home. She was 68.

For many years, Mrs. Robinson was an active member of the Woman's Auxiliary of the NCPHA and active in pharmaceutical organizations of Wayne County.

AUGUSTUS M. GREENWOOD, SR.

Augustus M. Greenwood Sr., retired High Point pharmacist, died October 7 at Moses H. Cone Memorial Hospital in Greensboro.

A graduate of the School of Pharmacy of Meharry Medical College in Nashville, Tennessee, Mr. Greenwood was first licensed in North Carolina in 1924. He lived in High Point for 52 years and operated the Washington Street Pharmacy as co-owner for 47 years. He retired in 1972.

JAMES G. TAYLOR

Funeral services for James G. Taylor of Conway were conducted November 8 at the Conway Methodist Church. Mr. Taylor, 1949 graduate of the UNC School of Pharmacy, has been with Taylor Drug of Conway since leaving Chapel Hill.

PHARMACIST APPOINTED TO NATIONAL COUNCIL

Logan N. Womble, III, pharmacist of Plymouth, N. C. was appointed as an Action Council Member to the National Federation of Independent Business. NFIB is a non-profit, non-partisan organization representing the needs of small businesses across the country and was founded in 1943.

Pharmacist Womble is an enthusiastic, energetic businessman who reflects the involvement and interest of the Action Council Members.

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DURHAM-ORANGE

The November meeting of the Durham-Orange Pharmaceutical Association was held in Durham at the Piccadilly Cafeteria, Thursday, November 10.

Tom Lane, Director of Mental Health for Durham County, was the guest speaker.

Mr. Lane detailed five years of involvement in mental health and mentioned that Durham County has more psychiatrists per capita than any other area of the state. He said funding for mental health comes from 42 different sources.

Among the programs with which mental health is involved is a heroin detoxification program for which much time is spent in documenting the cases to comply with federal regulations.

At the close of the business session, a mortar and pestle attendance award was won by Claude Paoloni.

GREENSBORO

The October meeting of the Guilford County Society of Pharmacists was held October 12 at Kiser Building Auditorium, Wesley Long Hospital with John Nance, President, presiding.

Randy Crawford, program chairman, introduced Fletcher Riffey, assistant administration of L. Richardson Hospital, who presented a slide program on the Golden Anniversary of the hospital.

Next Ms. Cook, nutritionist of the Department of Public Health, gave a talk on food, drugs and nutrition.

President Nance announced he would appoint a nominating committee to present a slate of officers at the November meeting.

The Society voted to send \$100 to the building fund of L. Richardson Hospital and \$100 to the Seymour Blaug Loan Fund in honor of the retiring Secretary-Treasurer, Al Mebane.

After no further business, the meeting was adjourned.



**"QS/1 PHARMACY COMPUTER SYSTEM DEMONSTRATED
TO UNIVERSITY OF SOUTH CAROLINA PHARMACY SENIORS"**

Smith Wholesale Drug Company, Spartanburg, S. C. was host recently to 65 senior students and three faculty members from the University of South Carolina College of Pharmacy. The visit is a part of their course in Marketing and Pharmacy Management. A tour of Smith's Drug Division and Data Processing Division was given, showing their modern up-to-date facilities for processing wholesale drug orders.

Following the tour, J. M. Smith, Jr., President of Smith Wholesale Drug Company, spoke to the group on the Economics of wholesaling and wholesaler services that are now available along with some projections of what the future may bring.

A presentation was then made on the *QS/1 Pharmacy System*, developed by Smith's Data Processing Division, using an IBM Series 1 Computer.

The students were accompanied by Dean Julian H. Fincher, Dr. Arthur A. Nelson, Jr., and Robert S. Perry, R.Ph.

Are they lifting your shop?

by Thad L. Weber, Security Consultant, SK&F Laboratories

Thefts from businesses are estimated at the retail level to exceed 10 percent of gross sales and 30 to 40 percent of gross profits.

And the bad news is that the latest crime statistics report thefts rising almost 15% each year.

WORSE YET — THEFT OF CONTROLLED SUBSTANCES PUTS THE PHARMACIST IN TRIPLE JEOPARDY. Besides the loss of the drugs, he may lose the backbone of his business: the license to dispense controlled substances. And neither can be *insured*!

PHARMACY THEFT — “THE SHOPPER” The shoplifter loves pharmacies because they are really small department stores offering a wide variety of merchandise that’s very resaleable. Some pros claim they’re able to make \$40,000 a year (tax-free) from pharmacies. Fences who receive stolen goods *train* their “pupils” in pharmacy theft because it’s easy to steal from drugstores and it is extremely profitable. And neighborhood amateurs will sooner try their hand at pharmacy theft, because they believe the community-oriented pharmacist will not prosecute — if they should get caught with their hands in this cookie jar.

PHARMACY THEFT — THE EMPLOYEE. Some employees will not hesitate to steal cash, controlled substances, or other valuable merchandise, particularly if they believe they will not be prosecuted. Again the employee who comes from the neighborhood may be most tempted by this consideration, and to steal or to assist his friends by looking the

other way while they filch merchandise.

WEAKNESSES THAT PERMIT THEFT. Since theft is the crime of taking something from you while you are open for business, we must conclude that theft is possible only when *you* aren’t looking — or you can’t see what is happening. Therefore, the conditions which permit theft include:

1. Placing small valuable merchandise within easy reach of the shopper.
2. Store layouts and displays which prevent employees from seeing the “shopper’s” actions.
3. Poor hourskeeping.
4. Lack of supervision
5. Inadequate staffing.
6. Lack of controls of cash, controlled substances, and inventory of other valuable items.

TELLTALE SIGNS OF THEFT may include empty watch or camera cases, open blister packs, broken labels on controlled substance backup supply containers, unlocked display cases and lack of employee interest in discount purchases.

AN ANTI-THEFT POSTURE IS THE FOUNDATION FOR DEFENSE AGAINST SUCH CRIMES.

The pharmacist must first establish a policy to prosecute *anyone* committing a theft against him. He must advertise that shoplifters will be prosecuted. (Many associations furnish posters and placards for member use which are in compliance with local municipal statutes.)

The pharmacist must also make his policy clear to all employees and new job applicants.

Other general deterrents to theft include:

1. Adequate staffing — to insure that at least one employee will always be on the floor to observe customer actions.
2. Security training — teaching employees to be alert to theft techniques, to greet all shoppers, to sound a code alert if suspicious situations develop, and to be wary of shopping bags and umbrellas that are placed on counter tops.
3. A policy that assures a designated employee is *in charge* of the store during the proprietor's absence.

4. Wall cases behind staffed showcases for displays of items such as cigarettes, film and razor blades.
5. Locked display cases for high value merchandise.
6. Storage of controlled substance items in drawers, safes, or racks inaccessible to customers and other employees.
7. Convex mirrors, one-way mirrors, closed circuit TV or automatic continual surveillance cameras properly located to deter would-be thieves.

As one pharmacist put it, "When you're doing more business but can't pay your bills, someone's stealing from you." Don't let that happen to you. Take action today!

NEXT MONTH: "MY PEOPLE ARE HONEST!"

This column is provided as a professional service to pharmacists by Smith Kline & French Laboratories. NEXT MONTH: "MY PEOPLE ARE HONEST!"

A REMINDER

Often pharmacists need to talk to a company about an account, opening one, closing one or merely placing an order. Many companies now have toll-free numbers, which can represent savings to the pharmacist, by reducing the telephone bill. To find whether a company has a toll-free number, dial 1-800-555-1212 and ask the operator.

FRANKLINTON

A 17 year old youth was arrested in Franklinton after attempting to have a forged Valium prescription filled. Bill Johnson, pharmacist at The Corner Drug Store, alerted the police and refused to dispense the prescription. The youth, who was out on bond pending a hearing on breaking and entering a local grocery store, was apprehended later the same day, Sunday, October 16th.

PHARMACIST PROMOTED PRODUCT GENERATES PLUS SALES IN WAKE FOREST

According to a news feature in The Raleigh News and Observer (November 27, 1977),

"Baptist preachers, retirees and thankful wives daily write (Pharmacist T. E. Holding III, of Wake Forest) testifying to the salutary effects of Sex-Alert."

The news release continues: "I get over a dozen letters a day about it, people writing saying Sex-Alert has helped their marriages and given them more vitality. It's going to make me real rich, I think."

Sex-Alert is the leading product of T. E. Holding Labs Inc., Holding's development firm. He reports it took three years for the Food & Drug Administration to approve the non-prescription drug.

The basic news story covers a 65,000 square foot shopping center in Wake Forest developed by Pharmacist Holding and Raleigh banker C. C. Bass. The Center includes Holding Drugs, a 12,000 square foot operation where a customer can buy a large appliance, furniture or a wedding ring.

A catalogue department is featured from which Holding hopes to generate \$200,000 in annual sales.

CLASSIFIED ADVERTISING

Classified advertising (single issue insertion) 10 cents a word with a minimum charge of \$3.00 per insertion. Payment to accompany order.

Names and addresses will be published unless a box number is requested.

In replying to "blind" ads, address Ad. No., Carolina Journal of Pharmacy, P. O. Box 151, Chapel Hill, N. C. 27514.

HOSPITAL PHARMACIST WANTED

Tired of the strain of retail pharmacy? Want to get into good professional environment? We have an expanding pharmacy in a 352 bed general hospital that needs a progressive staff pharmacist to assist in daily operations and developing new programs. Good salary and benefits package. Contact Personnel Director, Southeastern General Hospital, P. O. Box 1408, Lumberton, NC 28358. (919) 738-6441.

PHARMACIST POSITION OPEN

New Hanover Memorial Hospital. For information and interview, contact George M. Willets, Director, Pharmacy Services, Wilmington, N. C. 28402

HOSPITAL PHARMACY

Position open in Concord at Cabarrus Memorial Hospital Pharmacy. Call Bernie J. Nance (704) 786-2111.

PHARMACIST

Open for employment as a relief pharmacist on weekends: Tom Digh, 217-A Morehead Street, Morganton, NC 28655. (704) 437-9148.

FOR SALE

Drug Store fixtures including Rx counter, cabinets, all bays with shelves, gondolas and wall shelving units. Sell all or part. Call the NCPHA.

WANTED

Used drug store fixtures. RB-12. Call the NCPHA for telephone of potential buyer.

WANTED

Pharmacist—small town in Western North Carolina. Part-time in a community pharmacy with high Rx volume and part-time in a nearby hospital. HDSP-12.

LOOKING

For a clinical pharmacist who desires to practice in an ambulatory clinic setting. Hot Springs Health Program, Hot Springs, NC. Michael Norins, Director. (704) 622-7211.

EXPERIENCED PHARMACIST

Open for employment two days a week within 75 miles of Chapel Hill. WCCH, c/o NCPHA, (919) 967-2237.

PHARMACIST

With previous management/ownership experience, interested in buying a NC pharmacy with future potential. Send complete details to the NCPHA for transfer to me. RW-12.

PHARMACIST

Open for employment in the Raleigh area: Elizabeth S. Fellows, 3007 Lark Circle, Raleigh, NC 27604.

WANTED

Pharmacist for part-time work (weekend, etc.) in a Durham hospital; also have position open for two technicians. GSDG-12.

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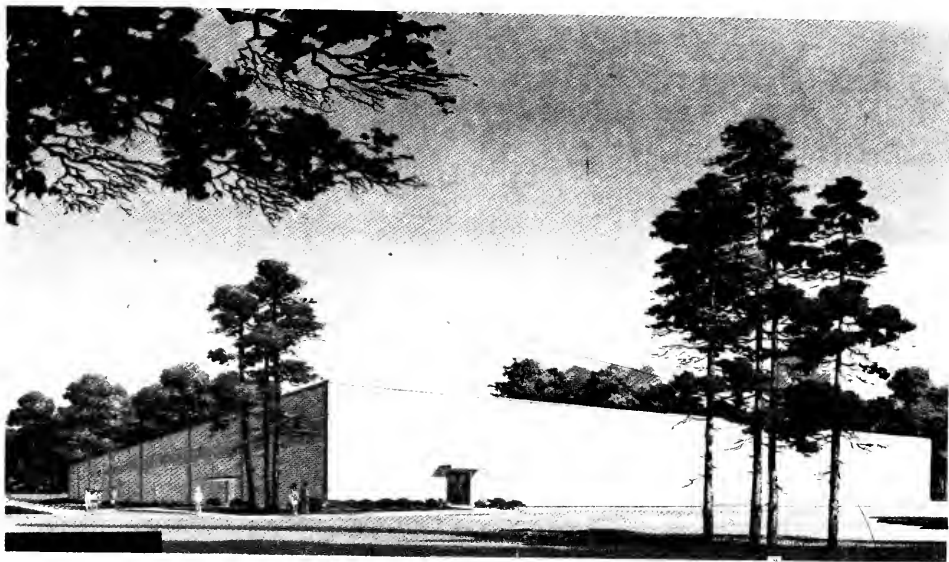
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